PreAward Services, HSC
MSC09 5220, 1 University of New Mexico
Telephone: 505-272-6264
Fax 505-272-0159
HSC-PreAward@salud.unm.edu
http://hsc.unm.edu/financialservices/preaward/
index.shtml
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PRINCIPAL INVESTIGATOR ROLE

PREAMWARD SERVICES ROLE

DEPARTMENT ROLE
ROLE OF THE PRINCIPAL INVESTIGATOR

Grants, contracts and cooperative agreements are awarded to the Regents of the University of New Mexico by funding sources/agencies. The University is responsible for the administration of the projects. The Principal Investigator is responsible for adhering to the University of New Mexico policies and procedures for completing the technical requirements and handling the day-to-day administration of the projects as proposed to the funding agency.

The PI’s responsibilities include:

1. Reviewing the award document thoroughly for agency requirements that must be fulfilled by the PI or project director.
2. Preparing and submitting internal forms and application for Pre-Award review and approval, following the specifications of the sponsor and UNM policies and procedures. This includes additional information requested by the sponsor at the “Just in Time” stage.
3. Managing the project in accordance with the approved statement of work (SOW). Changes to the SOW generally need prior written approval of the funding agency. Request for changes in the SOW must be routed through the Pre-Award Office.
4. Expending and managing funds in conformity with the approved budget from the Contract & Grant Accounting office. Over-expenditures are the responsibility of the PI’s department/unit.
5. Following the Conflicts of Interest in Research policy by submitting disclosures for all investigators on the project, at the time of initial proposal submission and when any changes occur.
6. Initiating, monitoring, and approving expenditures for any subawardees according to UNM policies (see the University Business Policies and Procedures Manual – Policy 2470) and procedures.
7. Reviewing and validating reports of expenditures generated by the University Financial Accounting System and reviewing financial reports prepared by the Contract & Grant Accounting office.
8. Submitting salary redistributions and non-salary cost transfers on a timely basis.
9. Completing effort certifications and timesheets as required for the project and verifying commitments as proposed. (Labor redistributions may not be done after the time period has been certified.)
10. Contacting the Pre-Award office regarding intellectual property issues.
11. Ensuring that any human and/or animals involved in the project are treated in accordance with all applicable policies (i.e., University, federal, government and sponsor).
12. Providing care and maintenance of property in accordance with the sponsor’s and the University’s equipment and maintenance requirements.
13. Notifying the department/unit administrator (or designated person) and Property Accounting of receipt or return of loaned equipment or property.
14. Submitting and retaining technical reports and other deliverables as required by the award.
15. Ensuring that cost sharing requirements are properly documented and met.
16. Ensuring completion of award requirements stipulated by the agency. This includes preparation of all technical reports.
ROLE OF THE PRE-AWARD OFFICE

The Pre-Award office provides administrative support to the University for all sponsored projects. Specifically, Pre-Award will assist the PI by:

1. Facilitating communication, or communicating on behalf of the PI, with those agencies.


3. Advising the PI in completing institutional representations and certifications, as required.

4. Reviewing the completed proposal, approving it administratively for the University, electronic submission per agency guidelines.

5. Advising the PI regarding agency communication after proposal submission.

6. Negotiating the award on behalf of the PI and the University.

7. Reviewing the award document to ensure the terms and conditions can be met by the University.

8. Obtaining signature approval (University acceptance) of the contract/grant award.

9. Providing the PI with any materials received from the agency, and any specific instructions or restrictions that pertain to the award.
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<tr>
<td>731A SR ASSOC DEANS OFFICE - RESEARCH</td>
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5/9/2013 2:45 PM
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<tr>
<th>Level 5 Organization</th>
<th>PRE-AWARD</th>
<th>CONTRACT &amp; GRANT ACCOUNTING</th>
<th>UNRESTRICTED ACCOUNTING</th>
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<td>(UP-EZ Approval)</td>
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<td>CGA/ Sr. CGA</td>
<td>Fiscal Monitor</td>
<td>Sr. Tech</td>
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<td>731E Clinical Translational Science Ctir CTSC</td>
<td>Erin Fitzgerald</td>
<td>Sheri Fisher</td>
<td>Kari Ellis (temp)</td>
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<td>732A Animal Resource Facility ARF</td>
<td>Kelly MacLachlan</td>
<td>Sheri Fisher</td>
<td>Kari Ellis (temp)</td>
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<td>732C Animal Care and Compliance OACC</td>
<td>Kelly MacLachlan</td>
<td>Sheri Fisher</td>
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<td>733A HSC Human Resources</td>
<td>Alana Watts</td>
<td>Thelma Graham</td>
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<tr>
<td>772A Institute for Ethics</td>
<td>Kelly MacLachlan</td>
<td>Chris Gallegos</td>
<td>Kari Ellis (temp)</td>
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<tr>
<td>773A Anesthesiology Department</td>
<td>Danielle Repella</td>
<td>Chris Gallegos</td>
<td>Kari Ellis (temp)</td>
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<td>773A HSC Public Affairs</td>
<td>Kelly MacLachlan</td>
<td>Chris Gallegos</td>
<td>Kari Ellis (temp)</td>
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<tr>
<td>780A HSC Risk Management Office</td>
<td>Huihui Tan</td>
<td>Thelma Graham</td>
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<tr>
<td>794A Obstetrics Gynecology (OB/GYN)</td>
<td>Julie Gallegos</td>
<td>Debbie Benninghoff</td>
<td>Kari Ellis (temp)</td>
</tr>
<tr>
<td>801A Biochemistry Molecular Biology</td>
<td>Sandy Sacher &amp; Kelly M(temp)</td>
<td>Debbie Benninghoff</td>
<td>Kari Ellis (temp)</td>
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<tr>
<td>822A HSC Compliance</td>
<td>Huihui Tan</td>
<td>Thelma Graham</td>
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<tr>
<td>833A PALS</td>
<td>Huihui Tan</td>
<td>Thelma Graham</td>
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<tr>
<td>851A Internal Medicine IM (Except CTA's)</td>
<td>Danielle Repella</td>
<td>Nancy Pellman</td>
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<tr>
<td>851A Internal Medicine IM (All 851 CTA's)</td>
<td>Erin Fitzgerald (temp)</td>
<td>Nancy Pellman</td>
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<tr>
<td>872A Pharmacy Administration</td>
<td>Sandy Sacher</td>
<td>Becky Gomez</td>
<td>Kari Ellis (temp)</td>
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<tr>
<td>878A Assoc VP for Finance Admn Office</td>
<td>Huihui Tan</td>
<td>Laura Putz</td>
<td></td>
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<tr>
<td>914A Student Services</td>
<td>Danielle Repella (temp)</td>
<td>Chris Gallegos</td>
<td>Kari Ellis (temp)</td>
</tr>
<tr>
<td>914D Office of Diversity</td>
<td>Kelly McLauchlan</td>
<td>Chris Gallegos</td>
<td>Kari Ellis (temp)</td>
</tr>
<tr>
<td>921A HSC Legal Counsel Office</td>
<td>Huihui Tan</td>
<td>Laura Putz</td>
<td></td>
</tr>
<tr>
<td>922A HSC Pre-award</td>
<td>Huihui Tan</td>
<td>Laura Putz</td>
<td></td>
</tr>
<tr>
<td>975A Contract and Grant Accounting - HSC</td>
<td>Huihui Tan</td>
<td>Laura Putz</td>
<td></td>
</tr>
<tr>
<td>981A Center for Infectious Disease</td>
<td>Erin Fitzgerald</td>
<td>Paul Velasquez</td>
<td>Kari Ellis (temp)</td>
</tr>
<tr>
<td>982A Assoc VP Clinical Integration</td>
<td>Huihui Tan</td>
<td>Thelma Graham</td>
<td></td>
</tr>
<tr>
<td>993A Neurosciences</td>
<td>Sandy Sacher</td>
<td>Maxine Smith</td>
<td>Kari Ellis (temp)</td>
</tr>
<tr>
<td>996A Biomedical Resch Edu Prog</td>
<td>Erin Fitzgerald</td>
<td>Becky Gomez</td>
<td>Kari Ellis (temp)</td>
</tr>
<tr>
<td>997A Pediatrics (All except 991E &amp; 997H)</td>
<td>Julie Gallegos</td>
<td>Veronica Vigil</td>
<td>Kari Ellis (temp)</td>
</tr>
<tr>
<td>999H Peds - CDD</td>
<td>Julie Gallegos</td>
<td>Chris Gallegos</td>
<td>Kari Ellis (temp)</td>
</tr>
</tbody>
</table>
ROLE OF THE DEPARTMENT/UNIT

Department/unit support may vary depending on the size of the unit, the type of unit and other factors unique to the administration of the individual unit. The department/unit may provide Pre-Award and/or Contract & Grant Accounting services. In general, the department may assist the Principal Investigator by:

Pre-Award Functions:

1. Assisting in the preparation of the cost proposal by confirming that:
   a. The budget contains all costs required to perform the Statement of Work (SOW) proposed;
   b. All salary rates are correct;
   c. The appropriate University rates have been correctly applied for Fringe Benefits and F&A Costs;
   d. Any Cost Sharing is properly documented, as required by policy, so it can be verified by Pre-Award.

2. Ensuring that the proposal document is complete, including:
   a. All necessary parts of the proposal, including but not limited to SOW, budget, budget justification, terms and conditions, certifications and representations, letters of support, appendices and exhibits;
   b. All required UNM internal forms such as the Proposal Data Sheet (PDS), and Conflict of Interest (COI) forms;
   c. A copy of all proposal guidelines (RFP, RFQ, BAA, etc.);
   d. A copy of any other supporting documentation or agreements related to the proposal, including signed subaward proposals.

3. Assisting the PI in obtaining the necessary internal UNM signatures for submission to Pre-Award in a timely manner.

4. Making the necessary preparation for copying and submitting the final proposal to the agency in accordance with the rules contained in the proposal guidelines (if available).

5. Following up with the agency (or delivery agent, i.e., USPS, FedEx, Airborne Express, etc.) to make certain the proposal was received by the agency in a timely manner.

6. Assist PI with No-Cost extensions (NCE) requests that go to Pre-Award.
SUMMARY

PROPOSAL PROCEDURES
Internal Forms & Proposal Procedures

Preaward Services, HSC, reviews all applications, proposals, contracts, and progress reports from UNMHSC faculty. The PI is responsible for providing information and submitting internal forms as needed.

Proposal Stage

No less than five business days prior to the sponsor's deadline, the following items are required:

1. Proposal Data Sheet (PDS) signed by PI and Department Chair
   Understanding the PDS
2. Complete Proposal, Application, or Progress Report (including budget) as to be sent to the sponsor. For information on indirect cost rates (F&A cost rates), see UNM's Federally-Negotiated F&A Cost Rates, State & Local Government F&A Cost Rates, and Industry-Sponsored CTA indirect cost rate. For budget preparation, see the "All-In-One" Internal Budget Worksheet (optional budget tool, includes Budget Justification and ABS); see also the Worksheet Instruction Guide, Annualized Payrate Conversion Table, Average Compensation Increases, and Ways to Estimate Fringe Benefits.
3. Copies of sponsor's funding opportunity announcement and application instructions.

As Needed

- Conflict of Interest (COI) Cover Sheet and COI Forms, Non-Employee Conflict of Interest Form, for research projects and other projects that involve human subjects or laboratory animals
  Understanding COI Forms
- Request for Approval to Spend Funds before the award is received
- Request to Spend Funds Multiyear
- For Proposals with Subaward(s)
- Late Submission Waivers for submissions due in less than five (5) business days (less than 10 business days for NIH Electronic Submissions, see memo)
- Export Control Exclusion Screening
- Consultant or Subcontractor Commitment
- F&A Waiver Request (sample) for projects with less than the standard F&A rates
  Understanding F&A Waiver
- Letters of Support to Sponsor
- Building Modification Approval memo for projects that require building modifications/capital equipment to support the project or program goals
- VA MOU for NIH proposals involving Joint Appointments
- Research Committee Approval (for Limited Competition Proposals)
- Institutional Support Documentation (see HSC policy): 1. Cost Share Commitment Form(s) for proposals that offer in-kind services or matching funds. 2. Institutional
**Commitment** - see HSC policy on procedure for obtaining a letter of support. Also see **Third Party Cost Share** sample commitment letter.
- Cost Share Budget(s) on the ABS form (see below)
- **STTR Certification Letter** (sample) required for STTR submissions
- **NIH Statement of Eligibility for Diversity Supplement** - Sample

### Just in Time Stage (NIH)

Not all applications require additional paperwork at this stage. However, a sponsor may request the following:

- Updated Other Support and Key Personnel
- **Human Subjects Certification - sample letter** *(instructions)*
- Subcontracting Plan from Purchasing - if contract over 500,000$
- Revised budget

### Award Stage

After a Notice of grant Award is received or a contract is signed by both the parties:

- **Award Budget Sheet** *(ABS)* instructions included

### As Needed

- Adjustment to Budget Justification
- **HSC Internal F&A Split form**
- **HSC Main Campus F&A Split form**

### Maintaining Federal Grants

- **Requirements for Prior Approval**
- **No Cost Extension : Sample NCE Request**
- **Change in Percent Effort : Sample change of Effort Request**
PROPOSAL DATA SHEET & INSTRUCTIONS
UNM HEALTH SCIENCES CENTER PROPOSAL DATA SHEET (PDS) (INTERNAL USE ONLY)

<table>
<thead>
<tr>
<th>PROPOSAL #</th>
<th>DEPARTMENT</th>
<th>PI's ORG CODE</th>
<th>CURRENT INDEX#</th>
<th>CURRENT FUND#</th>
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<td>510A00</td>
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</table>

**PRINCIPAL INVESTIGATOR (PI)**  
Dr. David Pepper  
PHONE: 272-7777

**CO-PI (If more than one, attach sheet)**  
Co-PI's BANNER ID: 1000123456  
E-MAIL, if not SALUD

**DEPARTMENT CONTACT**  
Nancy Helper  
PHONE: 272-1234  
FAX

**SPONSOR: (agency/company/collaborator)**  
NIH  
SOLICITATION NUMBER or PROGRAM NAME: PA-07-070  
DATE PROPOSAL IS DUE TO AGENCY: 06/05/00

**AGENCY CONTACT**  
John Q. Government  
AGENCY E-MAIL: JQG@nih.gov  
AGENCY TELEPHONE: 301-123-4567

**PROJECT TITLE**  
Effects of Soda on Adults

**Proposal Type (SELECT ONE)**  
☑ NEW  
☐ NON-COMPETE CONTINUATION  
☐ COMPETING RENEWAL  
☐ TRANSFER

**INSTRUMENT TYPE: (SELECT ONE)**  
☐ GRANT  
☐ COOPERATIVE AGREEMENT  
☐ CLINICAL TRIAL  
☐ CONTRACT  
☐ SUBAWARD - originating sponsor is

**PROGRAM TYPE: (SELECT ONE)**  
☐ RESEARCH  
☐ TRAINING  
☐ ELECTRONIC SUBMISSION

**LOCATION (SELECT ONE)**  
☐ ON CAMPUS  
☐ OFF CAMPUS

**FINAL DUE DATE**  
From: 10/01/01  To: 09/30/02

**DIRECT COSTS**  
$275,000

**F&A RATE: 50.50%**  
**F&A COSTS**  
$138,875

**TOTAL FOR BUDGET PERIOD**  
$413,875

**TOTAL FOR ENTIRE PROJECT**  
$1,655,500

**CLINICAL TRIALS ONLY:**  
FDA Phase:  
☐ I  ☐ II  ☐ III or  ☐ IV  Multi Center Study:  
☐ YES  ☐ NO

**Enrollment Start Date:**

**Inventions are Anticipated:**  
☐ YES  ☐ NO  
PI Waives Intellectual Property Ownership:  
☐ YES  ☐ NO

**FACULTY ACTIVITY DATABASE (FAD) – SOM ONLY (SELECT ONE)**  
☑ RESEARCH  
☐ CLINICAL  
☐ EDUCATION

**DOES THIS PROJECT SERVE:**  
☐ NATIVE AMERICANS  
☐ HISPANICS  
☐ OTHER UNDERSERVED POPULATIONS

IF THIS PROPOSAL INVOLVES ITEMS LISTED BELOW, CHECK ALL BOXES THAT APPLY. SEE PI GUIDE OR LINKS FOR ADDITIONAL INFORMATION.

- ☐ HUMAN SUBJECTS
- ☐ LABORATORY ANIMALS
- ☐ SUBCONTRACTORS
- ☐ CONSULTANTS
- ☐ VA EMPLOYEES–MCU NEEDED (NIH)
- ☐ HSC & SPLIT ☐ HSC/MAIN F&A
- ☐ COST SHARE or MATCHING FUNDS
- ☐ REQUIRES BUILDING MODIFICATIONS
- ☐ RECOMBINANT DNA: RADIOACTIVE/HAZARDOUS MATERIALS or WASTE
- ☐ EXPORT CONTROL / SELECT AGENTS
- ☐ FOREIGN NATIONAL UNM PERSONNEL
- ☐ UNM PERSONNEL WITH DUAL CITIZENSHIPS
- ☐ FOREIGN COLLABORATORS
- ☐ RESTRICTIONS ON PUBLICATIONS
- ☐ FUNDING from a FOREIGN-OWNED AGENCY/COMPANY
- ☐ FOREIGN TRAVEL

IN SIGNING THIS DOCUMENT, THE PI AND CHAIR DO HEREBY AGREE THAT ALL INFORMATION CONTAINED WITHIN THE APPLICATION/PROPOSAL IS TRUE, COMPLETE AND ACCURATE TO THE BEST OF THEIR KNOWLEDGE. THE DEPARTMENT HEREBY ACCEPTS ALL RESPONSIBILITY FOR THE BUDGET, COST SHARE COMMITMENTS, & F&A SHARE AGREEMENT(S). AUTHORIZATIONS FOR USE OF UNM, IMAGING, CANCER CENTER, AND LIBRARY FACILITIES, CURRICULUM CHANGES, THE COST OF REQUIRED BUILDING MODIFICATIONS, AND COORDINATION WITH OTHER UNM DEPARTMENTS, CONSULTANTS, COLLABORATORS, AND SUBCONTRACTORS, INVOLVED WITH THIS PROJECT. THE PI AND CHAIR ALSO AGREE TO SECURE HRDL & ARF APPROVALS PRIOR TO BEGINNING THE RESEARCH AND WILL WORK WITH INDUSTRIAL SECURITY TO DEVELOP A COMPLIANCE PLAN FOR EXPORT CONTROL, IF APPLICABLE. THE PI ACCEPTS RESPONSIBILITY FOR THE SCIENTIFIC CONDUCT OF THE PROJECT, SUBMISSION OF THE REQUIRED PROGRESS REPORTS, COMPLIANCE WITH FEDERAL REGULATIONS PROHIBITING DEBARRED/SUSPENDED PERSONNEL FROM PARTICIPATING ON FEDERALLY FUNDED PROJECTS, AND HEREBY ACKNOWLEDGES THAT ANY FALSE, FICTICIOUS, OR FRAUDULENT STATEMENTS OR CLAIMS MADE IN THIS PROPOSAL/APPLICATION MAY SUBJECT THE PI TO CRIMINAL, CIVIL, OR ADMINISTRATIVE PENALTIES.

**SIGNATURE OF PI**  
DATE

**SIGNATURE OF PI's CHAIR**  
DATE

**SIGNATURE of PreAward Reviewer**  
DATE

HSC Financial Services

Version 3-3-10
Understanding the Proposal Data Sheet (PDS)
For PDS Version 3/19/10

Proposal # - Leave blank. The PreAward number will be assigned by the Preaward Administrator upon receipt of the PDS.

Department - Name of the Department in which the PI is submitting the proposal through.

PIs Org Code - Each PI is assigned an individual “org code” by the Department. This code drives reporting of proposals and awards. Therefore, please ensure that the “org code” for the PI is the same as the “org code” specified for the Department submitting the proposal. Please remember, this is also the org code the award will be set up under.

Current Index # - If an active index number exists for this project, enter it here. There will always be an active index number for proposals that are being submitted on non-competing or competing continuations, or supplement, applications. Leave blank if the PDS is for a new or revision to a pending (yet to be funded) proposal.

Current Fund # - If an active fund number exists for this project, enter it here. There will always be an active fund number for proposals that are being submitted on non-competing or competing continuations, or supplement, applications. Leave blank if the PDS is for a new or revision to a pending (yet to be funded) proposal.

Principal Investigator - In the School of Medicine, to be the Principal Investigator (PI) on an extramural grant or contract, an individual must either be a contract (paid) UNM faculty member or a salaried UNM staff member with a current Letter of Academic Title in a UNM department, and hold an MD, DO, PhD, or equivalent professional degree. In the College of Pharmacy or the College of Nursing, any employee or faculty member may serve as PI on a sponsored project with approval of the Dean.

PI’s Banner ID - This number is assigned to each PI by Banner. It takes the place of their social security number and is 9-digits long.

Co-PI – Same eligibility standards as Principal Investigators.

Department Contact, Phone, E-Mail, and Fax – Departmental staff member’s name and contact information who can answer questions about the proposal paperwork.

Sponsor – The sponsor, company, or collaborator to which the proposal is being submitted. For proposals on which UNM is acting as a collaborator, under a subaward, enter the name of the primary applicant. Also use the checkbox for “Subaward” under “Proposal/Project Classifications: Type”, and enter the name of the originating sponsor (i.e., NIH, HRSA, RWJF, etc.).

Solicitation#/Program Name – This is the identity assigned to the project by the sponsor. For example: on clinical trials, use the protocol number; for State of New Mexico contracts, use the contract number; and for grants, use the program announcement number or program name.
Date Proposal is Due to Agency - The last date on which the sponsor will accept the proposal.

Agency Contact, E-mail and Telephone - The name, email address, and telephone number for the person at the Agency to contact regarding proposal guidelines and submission information.

Project Title - The title that the PI gives the project. Remember the Title the project is given will be published on PreAward and Annual reports.

Proposal Type –

- **New**: A proposal never proposed before (to this funding agency).
- **Revision to # _**: A revised version of a proposal previously submitted to the same agency. In the case of revised proposals, specify the PreAward proposal number that was assigned to the previous version.
- **Non-compete Continuation**: A progress report and proposal for a new period of funding that does not compete for funding with other proposals.
- **Competing Renewal**: A progress report and proposal for additional funding cycle that competes with other proposals for funding.
- **Supplement**: A request for additional funding for the current funding period.
- **Transfer From**: A proposal to transfer an existing award from another institution to UNMHSC when, for example, the PI transfers to UNM. Transfer proposals receive a new set-up in Post Award. Please fill in the name of the institution from which the award is being transferred.

Proposal/Project Classifications:

Instrument Type –

- **Grant** – Provides for the transfer of the sponsor’s money (and/or property or services) to the UNMHSC in order to accomplish a public purpose. The concept of the project originates with the PI and no substantial involvement of the sponsor is anticipated.
- **Contract** – A procurement mechanism for the purpose of acquiring services and/or property for the direct benefit or use of the sponsor. Typically, the idea for a contract originates with the sponsor. UNMHSC has many contracts for clinical services.
- **Cooperative Agreement** – Somewhere along a spectrum between a grant and a contract. The idea may originate with the recipient, however, substantial involvement with the sponsor is anticipated. UNMHSC has some cooperative agreements with NIH, among others.
- **Subaward** – When UNM is applying through another entity, the recipient of a primary award, fill in the name of the originating sponsor. Most commonly, the primary award will be from a federal agency, such as NIH. When funding comes to UNM through a subaward or subcontracting agreement, it is identified as “federal flow through.”
• **Clinical Trial** – A research project involving human subjects – regardless of the type of sponsor, government, university, or industry. If this box is checked, the section “Clinical Trials Only” must be completed.

• **Clinical Trial Subaward** – When Clinical Trial is funded to a sponsor who is subbing the work to UNM. A Pharma company could ask Johns Hopkins to lead a CTA, then Johns Hopkins could sub some of the trial to UNM.

**Program Type:**

• **Research** – All research and Phase I and Phase II of a clinical trial. Please note that this category requires the submission of Conflict of Interest Disclosure forms for all key personnel (these forms are available on the PreAward website; see page 5 for URL).

• **Other/Public Service** – Public service oriented programs, clinical services, or a Phase III and Phase IV clinical trial

• **Instruction** – UNM curriculum activities established by a grant, contract or cooperative agreement, and offered for UNM credit toward a degree or certificate, or on a non-credit basis.

• **Training** – UNM training activities established by a grant, contract or cooperative agreement, and offered for UNM credit toward a degree or certificate, or on a non-credit basis.

• **Fellowship** – UNM pre-doctoral or post-doctoral programs.

**Location:**

**ON Campus** – If a project is being conducted from a building that is owned by UNM, or leased with UNM funds, use the ON Campus checkbox. The location assists in determining which F&A rate is to be used.

**OFF Campus** – If the project is taking place somewhere other than a building owned by UNM or leased with UNM funds, list as OFF Campus location. Off Campus projects are eligible to charge rent directly to the project.

**THE MIND RESEARCH NETWORK IS ON CAMPUS – USE ON CAMPUS F&A RATE.**

**Costs for Initial or New Budget Period:**

In the “From ____ and To ____” section, enter the begin and end dates for the initial or new budget period. On proposals that have multi-year budgets, enter the proposed budget for only the first (or initial) budget period. If the proposal is for a CTA, non-competing continuation, or supplemental funding, enter the amounts for the entire proposal budget in this section.

Under “Direct Costs” list the amount of all direct costs (do not include F&A costs in this amount).

The default F&A rate is UNM’s on-campus research rate of 50%. If the F&A rate for the proposal is less than 50.5% (if new), enter the appropriate percentage.
Under “F&A Costs” enter the appropriate amount for F&A costs (in most cases, UNM’s F&A rate is calculated using a Modified Direct Costs (MDC) base; please read instructions regarding the calculation of F&A Costs in “Understanding the Award Budget Sheet”).

The PDS is designed to automatically add the amounts for “Direct Costs” and “F&A Costs” and enter the amount for “Total for Budget Period”.

**Electronic Submission** – Use the checkbox if the proposal application will be submitted online.

**Costs for Entire Project:**

If the proposal attached to the PDS is for more than one year and it’s a NEW submissions, enter the start and end dates for the entire project period in the “From ____ and To ____” section.

If the proposal attached to the PDS is for more than one year, list the amount of all costs for all years of the project in the section for “Total for Entire Project”.

**Clinical Trials Only:**

Indicate the FDA Phase of the trial and the date that enrollment is anticipated to begin. Indicate whether the trial will be a multi-center study and whether inventions are anticipated. If the PI wishes to waive Intellectual Property Ownership for the research, check “Yes” where indicated.

**Faculty Activity Database (FAD) – SOM Only:** Indicate the appropriate FAD category for the proposal as designated by the PI for the project. A definition of these categories, and how they should be applied, can be found at: [http://hsc.unm.edu/som/academicaffairs/FADGrantCategories.shtml](http://hsc.unm.edu/som/academicaffairs/FADGrantCategories.shtml)

**Does this Project Serve** – check all populations served by the project/program

**Human Subjects** – The research is or includes a clinical trial or program which requires the participation of human subjects. Please note that this category requires the submission of Conflict of Interest Disclosure forms for all key personnel (these forms are available on the PreAward website; also see [http://hsc.unm.edu/som/research/HRRC/](http://hsc.unm.edu/som/research/HRRC/) for more information).

**Laboratory Animals** – The research activities include the use of laboratory animals.

See [http://hsc.unm.edu/som/research/ar/](http://hsc.unm.edu/som/research/ar/) for more information.

**Subcontractors** – A subaward will be issued to a collaborating institution, company, or agency. See [http://www.unm.edu/~ubppm/ubppmanual/2470.htm](http://www.unm.edu/~ubppm/ubppmanual/2470.htm) for more information.

**Consultants** – The research requires the services of a professional consultant. Consultants cannot be UNM employees or employees of a subawardee. A “consultant” is an individual who regularly and routinely provides a unique skill, service, and/or expertise at an established fee or rate (hourly, daily, or flat fee). Per UNM policy, a previous UNM employee cannot act as a consultant for UNM within one year of their separation date. See also [http://hsc.unm.edu/financialservices/preaward/internalforms.shtml](http://hsc.unm.edu/financialservices/preaward/internalforms.shtml)
VA Employees – For proposals to NIH in which a VA employee is listed as personnel, the VA doctor must hold a joint appointment with UNM under a separate agreement signed by both UNM and the VA. This joint appointment document is used to identify the appropriate commitment of the VA doctor’s time to the project (these forms are available on the PreAward website at the following address: http://hs.c.unm.edu/financialservices/preaward/internalforms.shtml).

Other UNM Colleges or Facilities – Personnel from other UNM colleges or facilities will participate in the project. An F&A cost split form between colleges or campuses needs to be prepared and processed (see F&A split forms available at http://hs.c.unm.edu/financialservices/preaward/internalforms.shtml).

Cost Share or Matching Funds – The financial support for the project will come from other than the funds requested in the proposal (i.e., UNM in-kind or third party sources). The cost share of funds on a contract or grant is managed by preparing a cost share commitment form and separate budget (please see instructions and forms available at: http://hs.c.unm.edu/financialservices/preaward/internalforms.shtml).

Requires Building Modifications – Modifications and/or capital improvements are necessary for the research or program goals to be accomplished. Please note that this requires a separate memo of approval signed by the appropriate college/school dean(s), as the expense for the modification will become the responsibility of that college or school.

Recombinant DNA; Radioactive/Hazardous Materials or Waste – The project involves these kinds of materials. For more information: http://hs.c.unm.edu/som/biohazard/

Export Control/Select Agents – The project involves select agents and/or the potential “export” of materials or information that are restricted or prohibited under federal regulations. For more information visit the Export Controls website at http://research.unm.edu/exportcontrol or the CDC document on Select Agents, http://www.cdc.gov/od/sap/docs/salist.pdf, for more information.

Foreign National UNM Personnel – A non-US citizen or resident, paid or unpaid, is working on this project. See http://research.unm.edu/exportcontrol/foreign.htm for more information.

UNM Personnel with Dual Citizenship – A person who has more than one active citizenship is working on the project.

Foreign Collaborators – Individuals, agencies, consultants, universities, or entities from a foreign country are working with UNM on this project/program. For more information visit the Export Controls website at: http://research.unm.edu/exportcontrol/embargo.htm.

Restrictions on Publications – If the funding source limits UNM’s submission of manuscripts for publication or restricts the use of the data or results from the project/program that will affect UNM’s freedom to publish, check this box. For more information visit the Export Controls website at: http://research.unm.edu/exportcontrol/embargo.htm.

Funding from a Foreign-owned agency – The sponsor is not a US institution. For more information visit the Export Controls website at: http://research.unm.edu/exportcontrol/embargo.htm.
**Foreign Travel** - The project requires traveling outside the US. For more information visit the Export Controls website at: [http://research.unm.edu/exportcontrol/embargo.htm](http://research.unm.edu/exportcontrol/embargo.htm).

**Proprietary, Classified or Sensitive Information** – The research or information provided to UNM is of a sensitive (see [http://www.wrc.noaa.gov/wrso/security_guide/intro-5.htm#Sensitive](http://www.wrc.noaa.gov/wrso/security_guide/intro-5.htm#Sensitive)), proprietary (see [http://www.wrc.noaa.gov/wrso/security_guide/propriet.htm#Proprietary%20Information](http://www.wrc.noaa.gov/wrso/security_guide/propriet.htm#Proprietary%20Information)), or classified (see [http://www.wrc.noaa.gov/wrso/security_guide/intro-4.htm#Protecting](http://www.wrc.noaa.gov/wrso/security_guide/intro-4.htm#Protecting)) nature.

**Certifications and Signatures:**

Be sure to have the PDS form signed by the PI and the department chair before submitting to the PreAward office. PreAward is located on the first floor of the Health Sciences and Services Building, Room 102.

**NOTE:**

Forms referenced in this guide can be found at:

[http://hsc.unm.edu/financialservices/preaward/forms.shtml](http://hsc.unm.edu/financialservices/preaward/forms.shtml)
CONFLICT OF INTEREST FORMS

INSTRUCTIONS

NON-EXCLUSIVE COPYRIGHT LICENSE
Understanding the COI Forms

There are four different COI forms:
1. The Conflict of Interest Disclosure Cover Sheet
2. The Conflict of Interest Disclosure Statement for UNM Personnel
3. The Non-Exclusive Copyright License – for UN Personnel with NIH funding
4. Non-UNM Financial Disclosure

COI forms are needed whenever a research project is proposed for funding or submitted for scientific review and when the research involves people or animals.

The Conflict of Interest Disclosure Statement is completed by UNM employees. The Non-UNM Financial Disclosure form is completed by Non-UNM personnel. In addition if the project contains funding from the National Institutes of Health (NIH), then all UNM employees are also required to completed the Non-Exclusive Copyright License.

For the purpose of these forms, a “UNM Investigator” is the principal investigator, co-principal investigators, and any other person (including faculty, staff, students) who is responsible for the design, conduct or reporting of UNM Research. A “Non-UNM Investigator” is responsible for the design, conduct or reporting of UNM research and is employed by an entity other than UNM, including a subawardee, independent contractor or collaborator or other individual otherwise not employed by UNM.

To Complete the COI Forms:

1. On the top of the Conflict of Interest Disclosure Cover Sheet, provide the name of the Principal Investigator, their department, the funding agency (or Sponsor) and the project title. Enter the anticipated start and end dates.
2. List the names of all the investigators on the project under “Personnel/Investigator Name.”
3. For each investigator listed on the Cover Page, indicate their affiliation (UNMHSC/UNM Main/Other), the Financial Conflict of Interest Course Taken (HSC FCOI/ Other), and the date that they completed the FCOI Course.
4. Prepare the Conflict of Interest Disclosure Statement for all UNM personnel. If funded by NIH also include the Non-Exclusive Copyright License form for each UNM personnel.
5. Prepare the Non-UNM Financial Disclosure for all non-UNM personnel.
6. Have each investigator complete his or her own form and sign/date at the bottom. All investigators must complete the COI forms, even if all answers on the form are “no.”

Revised 9/4/12
UNIVERSITY OF NEW MEXICO HEALTH SCIENCES CENTER  
DISCLOSURE STATEMENT OF FINANCIAL INTERESTS AND OUTSIDE PROFESSIONAL ACTIVITIES  
COVER SHEET

Dr. David Pepper
Name of Principal Investigator  
NIH
Funding Agency  
Effects of Soda on Adults

CRTC
Department  
10/01/13 - 09/30/14
Dates of Project

INSTRUCTIONS:
1. The principal investigator must complete and attach this cover sheet to the disclosure forms submitted for each proposal or protocol that involves research whether the activity is supported by external or internal funding or is unfunded.

2. All personnel named on the budget list of a Preaward research grant/contract submission and/or as an investigator in a HRRC (IRB) submission (including data managers/statisticians) must submit a disclosure form and be added to the list below.

3. Everyone on this list is required to complete the online HSC Financial Conflicts of Interest (FCOI) Training (HSC 104-002) prior to proposal/protocol submissions. The course is available for HSC investigators in Learning Central under "Grants & Research". Non-UNM investigators may indicate they have taken their institute’s course (check "Other") or take the HSC FCOI course available in Moodle at https://hsc-moodle.health.unm.edu/. Re-certification is required every 4 years.

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Version 7/10/12
UNIVERSITY OF NEW MEXICO HEALTH SCIENCES CENTER
DISCLOSURE STATEMENT OF FINANCIAL INTERESTS AND OUTSIDE PROFESSIONAL ACTIVITIES

Dr. David Pepper

Investigator's Name (print or type)

CRTC

Department

HSC-12345

proposal/protocol # (if known)

I. Do you (including your spouse, domestic partner, and dependent children) have any of the financial interests described below that reasonably appears to be related to your institutional responsibilities (check all that apply)? Institutional responsibilities include the following:

(1) research; (2) research consultation; (3) teaching; (4) professional practice; (5) institutional committee memberships; and (6) service on panels such as Institutional Review Boards, Data and Safety Monitoring Boards, or study section/grant review committees.

Y □ N ☑ 1. Any salary or payment for services (e.g. consulting fees, honoraria, paid authorship), other than through UNM, from a publicly traded entity in the preceding 12 months?

Y □ N ☑ 2. Currently, any equity interest (e.g. stocks, stock options, other ownership interest) in a publicly traded entity?

Y □ N ☑ 3. Does the total combined payment/income from items 1 and 2 exceed $5,000 for any single publicly traded entity?

Y □ N ☑ 4. Any salary or payment for services (e.g. consulting fees, honoraria, paid authorship) from a non-publicly traded entity in the preceding 12 months that exceeds $5,000?

Y □ N ☑ 5. On this disclosure date, any equity interests (e.g. stocks, stock options, other ownership interest) in a non-publicly traded entity?

Y □ N ☑ 6. Intellectual property rights (e.g. patents, copyrights or royalties from these rights) other than through UNM or STC?

If you checked “Y” (yes) on any of the items above, please describe the financial interest in expandable text box below:

II. Do you have or have received any of the following in the past or next twelve months (check all that apply):

Y □ N ☑ 7. Any reimbursed or sponsored travel related to your institutional responsibilities (listed above in section I) from an entity that is not a federal, state, or local government agency or associated with an institution of higher education? Describe the purpose and duration of the trip, the identity of the sponsor/organizer, and the destination in the text box below this section.

Y □ N ☑ 8. A position as a director, executive officer, board member, advisory or review panel member, partner, trustee, manager or employee of an outside entity?

Y □ N ☑ 9. Any income from seminars, lectures, teaching engagements, participation in a speakers bureau, or for for-profit entity(ies) or non-profit entity(ies) that is not a federal, state, or local government agency or associated with an institution of higher education?

Y □ N ☑ 10. Any other situation not described in any of the above items that may be a potential or actual conflict of interest in this research?

If you checked “Y” (yes) on any items in section II, please provide a description in the expandable text box below:

III. If you checked “Y” (yes) on any items on this form, please provide in the expandable text box below a thorough description of your responsibilities (not only title such as PI or study coordinator) in this research project.

I certify that the above information is true to the best of my knowledge. I know of no other potential or actual conflict of interest situations in this research. I will report any change within 30 days of occurrence.

Signature of Investigator __________________________ Date ________________

Version 6/29/12
NON-EXCLUSIVE COPYRIGHT LICENSE

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Dated: __________________________

__________________________________

Copyright Owner
Non-UNM
DISCLOSURE STATEMENT OF FINANCIAL INTERESTS AND OUTSIDE PROFESSIONAL ACTIVITIES

Dr. Nicholas Cluase
North Pole Pharma Inc.
HSC-12345

Investigator’s Name (print or type) Company (the “Company”) proposal/protocol # (if known)

I. Do you (including your spouse, domestic partner, and dependent children) have any of the financial interests described below that reasonably appears to be related to your institutional responsibilities (check all that apply)? Institutional responsibilities include the following:

(1) research; (2) research consultation; (3) teaching; (4) professional practice; (5) Institutional committee memberships; and (6) service on panels such as Institutional Review Boards, Data and Safety Monitoring Boards, or study section/grant review committees.

☐ ☑ Y 1. Any salary or payment for services (e.g. consulting fees, honoraria, paid authorship), other than through the Company, from a publicly traded entity in the preceding 12 months?

☐ ☑ Y 2. Currently, any equity interest (including the Company) such as, stocks, stock options, other ownership interests in a publicly traded entity?

☐ ☑ Y 3. Does the total combined payment/income from items 1 and 2 exceed $5,000 for any single publicly traded entity?

☐ ☑ Y 4. Any salary or payment for services (e.g. consulting fees, honoraria, paid authorship) from a non-publicly traded entity in the preceding 12 months that exceeds $5,000?

☐ ☑ Y 5. On this disclosure date, any equity interests (e.g. stocks, stock options, other ownership interest) in a non-publicly traded entity?

☐ ☑ Y 6. Intellectual property rights (e.g. patents, copyrights or royalties from these rights) other than through the Company?

If you checked “Y” (yes) on any of the items above, please describe the financial interest in expandable text box below:

II. Do you have or have received any of the following in the past or next twelve months (check all that apply):

☐ ☑ Y 7. Any reimbursed or sponsored travel related to your Company/institutional (listed above in section I) responsibilities from an entity that is not a federal, state, or local government agency or associated with an institution of higher education? Describe the purpose and duration of the trip, the identity of the sponsor/organizer and the destination in the text box below this section.

☐ ☑ Y 8. A position as a director, executive officer, board member, advisory or review panel member, partner, trustee, manager or employee of an outside entity (other than the Company)?

☐ ☑ Y 9. Any income from seminars, lectures, teaching engagements, or participation in a speakers bureau sponsored by a for-profit entity(ies) or non-profit entity(ies) that is not a federal, state, or local government agency or associated with an institution of higher education?

☐ ☑ Y 10. Any other situation not described in any of the above items that may be a potential or actual conflict of interest in this research?

If you checked “Y” (yes) on any items in section II, please provide a description in the expandable text box below:

III. If you checked “Y” (yes) on any items on this form, please provide in the expandable text box below a thorough description of your responsibilities (not only title such as PI or study coordinator) in this research project.

I certify that the above information is true to the best of my knowledge. I know of no other potential or actual conflict of interest situations in this research. I will report any change within 30 days of occurrence.

Signature of Investigator ________________________________ Date __________

Version 6/29/12
INTERNAL BUDGET WORKSHEET

& INSTRUCTIONS
OVERVIEW

A new Internal Budget Worksheet (IBW) should be downloaded from the PreAward Administration website each time it is filled out to insure use of the most current version available. A copy should be downloaded to the hard drive of your computer before entering data into the spreadsheet.

Upon opening the IBW, be sure to elect “Enable Macros” when prompted. The IBW will not function properly unless the macros are enabled. If you are using Excel 2007, a Security Warning will appear that tells you that macros have been disabled on a “ribbon” above the spreadsheet. Next to it is an “Options” button that you can click on to enable macros for this session.

The IBW consists of six interactive Excel spreadsheets: 1) “Salary Detail”, 2) “UH Employees”, 3) “Personnel Summary”, 4) “Patient Care”, 5) “Subcontracts”, and 6) “Budget Summary”. Each spreadsheet is accessible by clicking the appropriate tab at the bottom of the screen.

The individual spreadsheets are password protected, to prevent corruption of the embedded formulas. Except for the shaded areas, that accept data entry, all cells are locked. If you require access to locked cells, you may obtain the password by calling the Pre-Award Administration office.

CALCULATING SALARIES and FRINGE BENEFITS

Begin by filling in the shaded areas of the “Salary Detail” spreadsheet (yellow tab), which automatically displays when the worksheet opens. Fill out the top of the spreadsheet with the requested information: “Principal Investigator”, “Department”, “Project Title” and “Funding Agency”. The data you enter on the “Salary Detail” will populate fields and formulas throughout the worksheet.

Tab to the next shaded area and fill in the “Duration of Project”, calculated in months. For example, if it is a two year proposal or award, put “24” in the shaded area.

Next, fill in the shaded area marked “First Year of Initial Period Starts:” with the start date of the project. Now, fill in the line below it “First Year of Initial Period Ends:” with the end date of the first budget period. This date is usually one year from the start date of the project, however, this may vary if the entire project is for less than one year or if the initial period is shortened under the terms and conditions of the proposal or award.

Tab to the section marked “ATTENTION! Specify LOCATION and TYPE of Activity.” First, place an “X” in the appropriate box to indicate whether the proposed activity is going to take place in an ON campus or OFF campus facility. If you are not certain about which “location” applies to the proposed activity, please contact PreAward Services for guidance. Secondly, designate whether the activity is “Research,” “Non-Research” or funded by the Department of Defense (“DOD Contract”), by placing and “X” in one of the shaded cells provided for these categories (check only one). The spreadsheet will automatically apply the appropriate F&A rates for these categories. If the F&A rate is for a continuation year on an existing contract or grant, or at a rate that is not covered by UNM’s standard F&A rates as stated in the current, federally-negotiated F&A cost rate agreement, enter the appropriate percentage in the cell designated for “Non-Competing Cont. or Other Rate.”

Tab to the next shaded box and place an “X” in this box if the funding originates from NIH or SAMHSA, if not, leave blank. If you place an “X” signifying that this is an NIH or SAMHSA funded proposal or award, then an “X” will appear in the box marked “Place ‘X’ Here □ If Project is Federally Funded.” If not, and the funding for this proposal or award originates from a Federal agency other than NIH or SAMSHA, or from Federal flow-through funds provided by city, state, private, or non-profit entities, place an “X” in the box. Otherwise, leave these boxes blank.
INSTRUCTIONS FOR PREPARING THE HSC INTERNAL BUDGET WORKSHEET

Tab to the “Employee’s Name” shaded area and fill in the first employee’s name. Enter that employee’s corresponding UNM FTE (using 1.0 for full-time employees or appropriate decimal for part-time employees).

Enter the number of months of the employee’s appointment, 12, 9, or 3 (for a faculty members working under a summer contract) in the “Appt. Mos.” column of the spreadsheet. Tab and enter the employee’s “Annualized Salary”, converting part-time or nine-month actual salaries where necessary and appropriate. PreAward can provide annualized salary information to you or you can download and use the “Annualized Payrate Conversion” table on the PreAward website.

Now tab to the “Level of Effort” field. Level of effort represents that portion of the employee’s time that will be devoted to the project. For example, if a none-month employee is devoting 50% effort to the project, or a student (who is designated by our payroll system as a .50 UNM FTE) is devoting 50% of their time, you need not convert to hours or months to enter the appropriate full-time equivalent (a percentage of the 2,080 hours that make up a full-time equivalent per UNM policy). The spreadsheet is designed to make this conversion for you based on the actual percent of that individual’s time. Enter the employee’s level of effort as a decimal (i.e., 50% = .50).

Now tab to the “Fringe Benefits Type” column and fill in the code (single letter only) that is appropriate for that employee (see table in upper right-hand corner for the appropriate Fringe Benefit code). Please note that fringe benefits are calculated using “Method 2” of UNM’s policy on “Fringe Benefit Rates on Proposals” memo issued by HSC’s Senior Associate Dean for Research. There is an 8% per year inflation rate calculated for fringe benefits in subsequent budget periods.

Continue entering employee data until you have filled in information on each person working on the project. If you have an employee who will not be working the first year of a proposal or award, but will work in one or more subsequent years, be sure to fill in all the basic information for this employee and then put a “0” for “Level of Effort” in the initial budget period and enter the percentage of effort in the subsequent year(s) as necessary.

Keep in mind that the decimal you enter for “Level of Effort” is proportional to an employee’s UNM FTE. If an employee is part-time, whatever percentage that employee works on the project will be multiplied by their available UNM FTE. For example, a .50 level of effort for a ¾ time employee (.75 UNM FTE) will result in a .375 FTE on the project and should be stated so on the proposal budget. You will find this calculated for you in the column with the heading “% FTE Year 1” (displayed in red).

The employee’s name and “Level of Effort” will automatically fill in subsequent years from the information you entered in Year 1, but you can alter or overwrite the “Level of Effort” in each budget period as needed.

If you have a graduate research assistant who will be working on the project .25 FTE or more (displayed in red), be sure to include the appropriate amount of health insurance for the initial budget period in the last entry column of the spreadsheet. The cost of health insurance is included in the “Fringe Benefit Rates on Proposals” memo issued by HSC’s Senior Associate Dean for Research. The amount of insurance in subsequent years is calculated automatically, at a 5% per year inflation rate.

A summary of salary and fringe benefit information that you have entered on the Salary Detail spreadsheet will pre-populate these budget line items on the “Budget Summary” spreadsheet (pink tab).

If University Hospital employees are participating in the project, add them using the “UH Employee” salary spreadsheet (green tab). Entering UH employee data in the shaded areas is similar to the technique you used on the “Salary Detail” spreadsheet... Since “Appt. Mos.” is always twelve (12) for hospital employees, this entry field/column has been omitted.

Please note that “Fringe Benefits” for UH employees are automatically calculated at a flat rate per UH policy.
INSTRUCTIONS FOR PREPARING THE HSC INTERNAL BUDGET WORKSHEET

The total for these employees will appear on the “Budget Summary” spreadsheet under “UH Contractual.” Subtotals for UNM personnel and totals for salaries and fringe benefits for all years of the project or award will automatically populate the “Budget Summary” spreadsheet (pink tab).

NOTE: All salaries are adjusted at the beginning of each new fiscal year by an inflation factor calculated by the HSC Budget Office and incorporated into the spreadsheet formulas. The “Personnel Summary” spreadsheet (grey tab) is informational only; you will not be able to enter data into this spreadsheet.
INSTRUCTIONS FOR PREPARING THE HSC INTERNAL BUDGET WORKSHEET

CALCULATING PATIENT CARE COSTS

The “Patient Care” spreadsheet (cyan or blue tab) is an optional spreadsheet for calculating patient care costs over a specified performance period.

Begin by filling in the “Protocol Number” and number of patients involved in the study. Next, indicate, with an “x”, whether the cost will be an “In-patient” or “Out-patient” expense.

Tab to the next shaded area and enter the type of procedure to be performed (“Procedures”), and the number of procedures to be done (“Frequency Per Procedure”).

Repeat for all procedures to be performed and then tab to the next table, titled “Estimated Percent of Total Patient Care Costs Per Year.” Estimate and enter for each year of the project a percentage of the total cost.

The totals from this table will automatically populate the “Patient Care Costs” line item in the “Budget Summary” spreadsheet. If you decide that you do not want to use the “Patient Care” spreadsheet, patient care costs can be entered directly into the “Budget Summary” spreadsheet.

ENTERING SUBAWARD/CONSORTIUM COSTS

If you have subcontractors working with you on the proposal or award, you will want to complete the “Subcontracts” spreadsheet (purple tab).

Begin by filling in the subawardee’s name in the column titled “Subawardee”, and then tab to the appropriate year and enter the proposed budget for the subcontractor (please note that direct and indirect costs are entered separately) for each year of the project.

This spreadsheet is designed to automatically stop calculating UNM’s F&A costs when a subaward reaches the $25,000. This is a limit on subaward costs negotiated by UNM on its F&A cost rate agreement.

If this spreadsheet is being used for a non-competing year of an award, you will want to enter the cumulative total of subawardee costs from previous years in the table in the lower right-hand corner of the spreadsheet, “Amount Awarded to Subawardee in Previous Year(s)”. This will allow the spreadsheet to calculate the correct amount of F&A costs applicable to that individual subaward for a non-competing year.

Enter all budget information for each subawardee who will be working on the proposal/award. The IBW will transfer all subaward costs from this spreadsheet into the totals on the “Budget Summary” spreadsheet.

ENTERING EXPENSES and OTHER PROJECT COSTS

If you are using the “All-in-One” version of the IBW, please read the “Special Instructions” on the “Message” tab in that version of the budget worksheet. It is suggested that you print these instructions for reference.

If you are not using the “All-in-One” version, or do not want to create a budget justification and Award Budget Sheet (ABS), the “Budget Summary” spreadsheet (pink tab) is used for projecting all other expenses and calculating the F&A costs for each year of the project. Please be aware that if you are using the “All-in-One” version of the IBW, using the “Budget Summary” to enter expense will overwrite formulas, and you will not be able to recover these if you decide later that you want to create a budget justification or ABS.

An increase of 3% for inflation is automatically added to all expenses in subsequent years when using the “Budget Summary” to calculate expenses. This inflation rate can be overwritten to reflect any percentage or as needed to comply with grant/contract guidelines. This spreadsheet pre-populates all years of the proposal/award
INSTRUCTIONS FOR PREPARING THE HSC INTERNAL BUDGET WORKSHEET

period at the specified inflation rate. However, these amounts are user accessible and the escalation formula in each cell can be over-written by simply entering a new amount.

The “Budget Summary” spreadsheet is designed to give subtotals on all expenses by year and budget category. The spreadsheet also subtotals direct costs without the F&A costs of subawards (if applicable), calculates UNM’s “Modified Direct Costs” and “F&A Costs” and gives the “Total Costs” for all years of the proposal or award.

MODULAR BUDGETS:

Conversion to a Modular Budget Format is simple. Place an “X” in the box for “MODULAR Budgets” in the upper, right-hand corner of the Budget Summary spreadsheet. The table in the lower left-hand corner of the spreadsheet will convert actual expenses from the main table into modules and recalculate Modified Direct Costs, F&A Costs, and Total Costs in accordance with NIH’s policy.

The IBW is designed to "straight-line" the modular budget by projecting the same amount for direct costs in all years. However, if you desire to change the modules in any given year or in all years, you can enter a new modular direct cost total (in increments of $25,000) in the “Table for Adjusting Number of Modules” which appears below the printable area of the spreadsheet (use line 65 to enter the new amounts). The “Simplified Table” on the Budget Summary will adjust for any changes you make in this adjustment table.
### UNM HEALTH SCIENCES CENTER
#### SALARY CALCULATION WORKSHEET

**Principal Investigator:** R.S. Larsen  
**Department:** SCM Department of Intelligence  
**Project Title:** Preventing Stress in New Mexicans  
**Funding Agency:** NIMH  

**Current FY:** 6/30/2012  
**Duration of Project (in months):** 88  
**First Year of Initial Period Start Date:** 7/1/2012  
**First Year of Initial Period End Date:** 6/30/2013  
**Number of budget periods:** 5  
**Days Overlapping FY End in Year 1:** 365  

**ATTENTION! Specify LOCATION and TYPE of Activity**

Place "X" in the appropriate box:
- [ ] X ON Campus  
- [ ] OFF Campus  
- [ ] Check  
- [X] Only  
- [X] Place "X" Here  
- [ ] If DHHS (Salary Cap Applies)  
- [ ] 179,700  
- [ ] Factor for estimated salary increase  
- [ ] 1.0140  
- [ ] Number of months in first year or initial period  
- [ ] 12  
- [ ] Est. salary increase for subsequent years  
- [ ] 1.40%  

**PERSONNEL**

| Last Name | First Name | UNM Employee | UNM FTE | Appl. Mos. | Current FY Salary | Base | Max. Salary | Level of Effort | % of FTE | FTE Year | Adjusted UNM Salary | Salary Requested | Fringe Benefit Rate | Fringe Benefits Amount | Fringe Benefits & Benefits | Total Salary & Benefits | Fringe Benefit Type | UNM Retiree | Grad. Student Insurance |
|-----------|------------|--------------|---------|------------|------------------|------|-------------|-----------------|----------|----------|---------------------|----------------|---------------------|---------------------|--------------------------|---------------------|---------------------|---------------------|
| Larsen    | R.S.      |              | 1.00    | 12         | 250,000         | 2.40 | 179,700     | 0.20            | 0.20     |          | 253,500             | 35,940         | 29.2%               | 10,494              | 46,434                   |                    |                    |                      |
| Harris    | Dirty     |              | 1.00    | 9          | 90,000          | 4.50 | 91,260      | 0.50            | 0.50     |          | 91,260              | 34,223         | 32.9%               | 11,259              | 45,482                   |                    |                    |                      |
| Washington| George    |              | 1.00    | 12         | 60,000          | 12.00 | 60,840      | 1.00            | 1.00     |          | 60,840              | 60,840         | 25.1%               | 15,271              | 76,111                   |                    |                    |                      |
| Conner    | Sean      |              | 0.25    | 12         | 70,000          | 0.75 | 70,980      | 0.25            | 0.06     |          | 70,980              | 4,436          | 6.1%                | 359                 | 4,795                    |                    |                    |                      |
| Boop      | Sally     |              | 1.00    | 12         | 28,000          | 6.00 | 28,392      | 0.50            | 0.50     |          | 28,392              | 14,196         | 32.9%               | 4,670               | 18,866                   |                    |                    |                      |
| Potter    | Harry     |              | 0.50    | 9          | 19,000          | 4.50 | 19,286      | 1.00            | 1.00     |          | 19,286              | 7,225          | 1.0%                | 72                  | 7,297                    |                    |                    |                      |
| Dickinson | Emily     |              | 0.25    | 9          | 120,000         | 0.25 | 121,660     | 1.00            | 0.50     |          | 121,660             | 5,704          | 8.1%                | 462                 | 6,066                    |                    |                    |                      |
| Montana   | Hanna     |              | 0.50    | 12         | 22,000          | 6.00 | 22,308      | 1.00            | 0.50     |          | 22,308              | 11,154         | 1.0%                | 1,659               | 12,853                   |                    |                    |                      |
| Dear      | John      |              | 1.00    | 12         | 200,000         | 11.40 | 179,700     | 0.95            | 0.95     |          | 202,800             | 170,715        | 29.2%               | 49,849              | 220,564                   |                    |                    |                      |

**YEAR 1 TOTALS:**  

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<th>Total Salary &amp; Benefits</th>
<th>Total FTE Year</th>
<th>Total Adjusted UNM Salary</th>
<th>Total Salary Requested</th>
<th>Total Fringe Benefits Amount</th>
<th>Total Fringe Benefits &amp; Benefits</th>
<th>Total Total Salary &amp; Benefits</th>
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<th>Grad. Student Insurance</th>
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**Fringe Benefit Codes:**  
- F = Faculty  
- A = Spec/Clinical Staff  
- G = RA, TA, GA, PA  
- L = Technicians  
- O = Other Professionals  
- P = Postdoctoral  
- S = Student  
- T = Temporary  
- W = Workstudy  

**Enter % for Retiree**  

**Enter amount of insurance for table**
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<th>Employee's Last Name</th>
<th>Adjusted UNM Base Salary</th>
<th>Salary Requested</th>
<th>Benefits</th>
<th>Person Mos.</th>
<th>Total</th>
<th>Level of Effort</th>
<th>% FTE Year 2</th>
<th>Employee's Last Name</th>
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<th>Salary Requested</th>
<th>Benefits</th>
<th>Person Mos.</th>
<th>Total</th>
<th>Level of Effort</th>
<th>% FTE Year 3</th>
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<td>35,940</td>
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<td>47,369</td>
<td>0.20</td>
<td>0.20</td>
<td>Larson</td>
<td>257,040</td>
<td>35,940</td>
<td>11,429</td>
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<td>0.00</td>
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<td>Dean</td>
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### UMN HEALTH SCIENCES CENTER
**SUBAWARDS WORKSHEET**

**Principal Investigator:** R.S. Larsen  
**Department:** SOM Department of Intelligence  
**Project Title:** Preventing Illness in New Mexicans  
**Funding Agency:** NIH  
**Number of budget periods:** 5.00  
**F&A Modifier:** $25,000 (first of EACH subaward)

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<th>Proposed Subaward</th>
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**Total Subaward Direct Costs:** 230,000 | 230,000 | 230,000 | 230,000 | 230,000 | 1,150,000  
**Total Subaward F&A Costs:** 125,000 | 125,000 | 125,000 | 125,000 | 125,000 | 625,000  
**Total Adjustments to F&A calculation:** (280,000) | (355,000) | (355,000) | (355,000) | (355,000) | (1,700,000)

### INSTRUCTIONS

1. In the shaded area next to a letter in column A enter the name of the organization with whom you're proposing to subaward. Repeat this for each subawardee. If this budget is for a non-competing continuation, please enter the amount previously paid to the subaward in the table at right.

2. In the columns to the right of the subawardee's name, enter the budget amounts (by year) given you by the organization. Be sure to include the subawardee's F&A costs in the budget.

Once again, you can enter data into the shaded areas only. All unshaded areas are protected fields.

The sum totals of both the subcontracts' budgets and adjustments to F&A cost calculation will carry forward to the Budget Summary. For multi-project budgets, please consult the Pre-Awards Office.

### AMOUNT AWARDED TO SUBAWARDEE IN PREVIOUS YEAR(S)

- **A**
- **B**
- **C**
- **D**
- **E**
- **F**
- **G**
**WARNING!**

ANY INFORMATION YOU ENTER INTO A GREEN SHaded AREA WILL PERMANENTLY OVerWRITE EXISTING FORMULAS.

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<th>Expense Categories</th>
<th>Year 1</th>
<th>Year 2</th>
<th>Year 3</th>
<th>Year 4</th>
<th>Year 5</th>
<th>Year 6</th>
<th>Year 7</th>
<th>Year 8</th>
<th>Year 9</th>
<th>Year 10</th>
<th>Totals</th>
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<td>318,987</td>
<td>324,176</td>
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<td>0</td>
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<td>2,145,781</td>
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<td>556,211</td>
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<td>0</td>
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<td>0</td>
<td>2,145,781</td>
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<tr>
<td>UNM F&amp;A Costs (51%)</td>
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<td>161,572</td>
<td>162,683</td>
<td>165,330</td>
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<td>1,094,349</td>
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</table>

**Simplified Table**

<table>
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<tr>
<th>Total Modified Direct Costs</th>
<th>629,600</th>
<th>316,807</th>
<th>318,987</th>
<th>324,176</th>
<th>556,211</th>
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</thead>
<tbody>
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<td>1,094,349</td>
</tr>
<tr>
<td><strong>Total UNM F &amp; A Costs</strong></td>
<td>1,245,819</td>
<td>833,501</td>
<td>836,794</td>
<td>844,632</td>
<td>1,195,007</td>
<td>4,955,753</td>
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</tbody>
</table>

All fields are protected EXCEPT the shaded areas.

**Yellow** Input areas. Enter as applicable.

**Green** These fields calculate an increase over the previous year's expense by the inflation factor entered in the "Modifiers" column on the "Supplies" line. These fields are unprotected and figures can be altered if you need to enter an amount other than those calculated by the spreadsheet in subsequent years.

**0.00%** F&A Rate
F&A WAIVER

F&A WAIVER INSTRUCTIONS
Understanding the F&A Waiver

F&A costs are actual costs that UNMHSC incurs that are not easily attributable to a specific project. Facility costs include utilities, maintenance, custodial costs, non-capital improvements, interest expense, library costs, building depreciation, and equipment depreciation. Administrative costs include student services, financial management and business services, and departmental administration.

To enable UNMHSC to pay F&A costs, each sponsor is required to reimburse F&A expenses as a percentage of the Direct Cost of a project. For details, see UNM Business Policies and Procedures Manual, Policy #2425 – Recovery of Facilities and Administrative Costs.

A set of F&A rates have been negotiated by UNM with federal and New Mexico state agencies. As the federal government is our single most important sponsor, non-governmental sponsors are not offered a lower rate than the federally-negotiated rate.

If your sponsor will not reimburse F&A costs, or limits F&A reimbursement, an F&A Waiver is required.

A waiver may be approved by the Vice President for Research HSC, by the Dean of the College of Nursing, or the Dean of the College of Pharmacy, as appropriate.

A sample Request for F&A waiver is provided for your convenience. The sample is in the form of a memo to the decision-maker.

To use the sample Request for F&A Waiver:

1. Enter the Name and Address of the PI’s Department, and the Departments phone and fax numbers.
2. Select the appropriate school.
3. Enter the name of the Department’s Chair and the name of the PI.
4. Enter the name and extension of a Departmental Contact who will facilitate the signing process.
5. Enter the date of the request and the project title.
6. Indicate whether the project is new or continuing, and whether documentation from the sponsor is attached.
7. Write the justification for the request. Indicate if you are requesting “Zero” or Reduced F&A and what percentage you are requesting. Indicate if the Funding Agency does not allow, or limits F&A, and attach supporting documentation from the Funding Agency if applicable. Then describe how this F&A waiver is necessary and how the project will benefit UNM. If this is an on-going project, indicate the F&A history in your justification.
8. Enter the proposed F&A rate and the sponsor’s name.
9. Enter the name of the Department Chair in the signature line.
10. Obtain signatures from the Department Chair and the appropriate decision-maker.
11. After the decision maker has signed, send the approved request to PreAward or Clinical Contract Services, as appropriate.
Select the Appropriate Approver:

To: ☑ Nancy Ridenour, PhD, RN, Dean, College of Nursing  
☐ Richard Larson, MD, PhD, SOM Sr. Associate Dean of Research and HSC VP for Translational Research, BMSB B61  
☐ John A. Pieper, PharmD, FCCP, HSC Deputy VP for Interdisciplinary Research, and Dean, College of Pharmacy

Through:  Dr. Dean Smith, Chair

From:  Dr. David Pepper  Initial

Pls Contact Person to call for pick up:  Nancy Helper (Name)  272-1234 (Tele)

Date:  August 28, 2009

RE:  Waiver on F&A for – Effects of Soda on Adults

☐ Check if this is a NEW project, where no F&A history exists.
☐ Check if the Sponsor does not allow full F&A, and ATTACH written documentation to support this fact.
☐ Check if this is a continuation, and enter current F&A cost rate percentage being used:  __________

Justification:

- Do not try to justify by stating you don’t have enough direct costs.
  - F&A costs are real expenses too.
- Justification = why should this F&A be waived? You do not need to go on and on about the project. Focus on the F&A
- Remember to attach supporting documents if the prime does not pay anyone F&A
  - Or reduced F&A. (website or RFA page)
- Who is the Sponsor?
- Is there any Federal Money?
- Is this a Pass Through?
- Remember to indicate what rate you would like.
- Is this a onetime waiver, or is this a multi year award?
- Do you plan to increase F&A request in future years?
- Yes, you still need an F&A Waiver if the sponsor is MIND, DOH, or other on State list, but you have a reasonable expectation that waiver will be approved.
- Some F&A (10%) is better than NO F&A.
- Have you tried to get an administrative supplement from sponsor if your situation has changed?
  - In other words, Have you exhausted all your other options?

Waiver of F&A cost rate to 0 %, funded by National Science Foundation, is hereby approved:

Dr. Dean Smith, Chair  Date

If Multi-Disciplinary, Multiple Signatures May Be Necessary.

APPROVED  or  DENIED

As Appropriate:

Nancy Ridenour, PhD, RN, Dean, College of Nursing
Richard Larson, MD, PhD, SOM Sr. Associate Dean of Research and HSC VP for Translational Research
John A. Pieper, PharmD, FCCP, HSC Deputy VP for Interdisciplinary Research, and Dean, College of Pharmacy

Return to HSC PreAward with the Proposal; HSSB Room 102, 272-6264, HISC-PreAward@salud.unm.edu
REQUIRED DOCUMENTS FOR SUBCONTRACT/SUBAWARDS

CONSULTANT OR SUBCONTRACTOR? CONSULTANT LETTER
Outgoing Consortium/Subcontracting require the following:

**Internal forms:** Proposal Data Sheet (PDS) and Conflict of Interest forms (COI) signed by Dept Chair.

- **Signed Face page** or a Cover Letter (include UNM’s Federal Tax ID Number 85-6000-642). This must to include a signature from PreAward. An NIH 398 form typically contain all the information needed. A partially completed 398 is on the PreAwar website.  [http://hs.c.unm.edu/financialservices/preaward/](http://hs.c.unm.edu/financialservices/preaward/)
- **Scope of Work** (may be incorporated with Prime’s)
- **Complete budget** (for the UNM subcontract). If using the 424R&R and UNM is doing a detailed budget, extract the 424R&R subaward budget forms, email to the prime **only after PreAward approval**. Dollar amounts must match the amount in the 398 face page or cover letter that is signed by PreAward. If paper submission, budget is typically on the NIH form 4 & 5 budget pages.
- **Budget justifications** (for UNMHSC) if applicable
- **Biographical sketch** (if DHHS) for Key Personnel – this will be the UNMPI at least. Make sure PubMed references are in proper format.
- **Check list page** (if DHHS 398 used and the proposal is in paper (not electronic) format.
- **IDC (F&A) rate agreement** (overhead, indirect costs, and F&A are all the same thing) – we have this on the PreAward website. We should always give a copy to the Prime.
- **Education on Protection of Human Research Participants Training Certificates** if applicable
- **Updated “Current and Pending Support” form** may be requested of Key Personnel at the “Just in Time” stage if DHHS. Be prepared to get this later.
- May also need to provide a **VA MOU** upon request to the Prime. In either case the VA and PreAward need for their files if anyone is under a joint appointment and the application is going to NIH. The VA requires this be signed at the proposal stage.

Originals are NOT required. Faxes are fine. Scanned PDF/ emailed is also fine.

- **Bring to PreAward 5 Business days before it is due at the Prime’s.**
Consortium/Subcontract’s require the following:

- **Signed Face page or a Cover Letter** (please include Federal Tax ID Number & DUNS Number). This needs to include a signature from the Institutional Official. It should also include the address of their business or PreAward Office, so we know where to send the subcontract. The 398 or 424R&R forms typically contain the information needed. If using the 424R&R, Institutional Official can just sign the bottom of page 2.

- **Scope of Work** (may be incorporated with UNM’s, but will need an SOW just for the subcontractor after award.)

- **Complete budget** (for the subcontract). If using the 424R&R and UNM is doing a detailed budget, extract the 424R&R subaward budget forms, email to subawardee, and have them fill out and email back. (Subawardee will need to have Adobe) pre-loaded into their computer before they can open the file to work.) Dollar amounts must match the number subawardee’s Institutional Official endorsed in the face page or cover letter.

- **Budget justifications** (for the subcontract)

- **Biographical sketch** (if DHHS) for Key Personnel (Make sure PubMed references are in proper format.)

- Check list page (if DHHS 398 used)

- **IDC rate agreement** (overhead, indirect costs, and F&A are all the same thing) – we need a copy of their rate agreement.

- Education on Protection of Human Research Participants Training Certificates if applicable

- **Updated “Current and Pending Support” form** may be requested of Key Personnel at the “Just in Time” stage if DHHS. Be prepared to get this later.

- **Conflict of Interest Form** (for non UNM employees) signed by subawardee personnel.

Originals are NOT required. Faxes are fine. Scanned PDF/email is also fine.
LETTER OF INTENT
TO ENTER INTO CONSORTIUM

Title of Application: Effects of Soda on Adults

Prospective Prime Awardee Institution: University of New Mexico

Principal Investigator (from Prime): David Pepper

Prospective Consortium Institution: University of California

Co-Principal Investigator (from Consortium): None

Total Direct and Indirect costs (Consortium Current Year): $77,000

Total Direct and Indirect Costs (Consortium Total Project): $308,000

Proposed Effective Dates: 10/01/01 – 09/30/05

DHHS F&A Rate Agreement Date: 07/5/00 Rate: 54%

Human Subjects: yes □ no □ pending □ Animals: yes □ no □ pending □

Assurances/Certifications: The following assurances/certifications are made and verified by the signature of the Official Signing for the Cooperating Institution. Human Subjects; Vertebrate Animals; Debarment and Suspension; Drug-Free Workplace; Lobbying; Delinquent Federal Debt; Research Misconduct; Civil Rights (Form HHS 441 or HHS 690); Handicapped Individuals (Form HHS 641 or HHS 690); Sex Discrimination (Form HHS 639-A or HHS 690); Age Discrimination (Form HHS 680 or HHS 690); Financial Conflict of Interest.

The appropriate program and administrative personnel of each institution involved in this grant application are aware of the National Institutes of Health consortium grant policy and are prepared to establish the necessary inter-institution agreement consistent with the Guidelines for Establishing and Operating Consortium Grants (January, 1989).

Consortium Principal Investigator

By(sig): __________________________

Name(print): __________________________

Title: __________________________

Date: __________________________

Consortium Institution Authorization

By (sig): __________________________

Name (print): Rena Vinyard

Title: __________________________

Date: __________________________
Grant Application

Effects of Soda on Adults

3a. NAME (Last, first, middle)  
Michael Jones

3b. DEGREE(S)  
BS PhD

3c. POSITION TITLE  
Professor

3d. MAILING ADDRESS (Street, city, state, zip code)  
MSC01 2345

3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT
Biology

3f. MAJOR SUBDIVISION  
Arts and Sciences

3g. TELEPHONE AND FAX (Area code, number and extension)  
TEL: (916) 528-7777 FAX: (916) 528-8888

E-MAIL ADDRESS:
mjones@uc.edu

4a. Research Exempt  
Yes

4b. Federal-Wide Assurance No.  
FWA05214

4c. Clinical Trial  
No

4d. NIH-defined Phase III Clinical Trial  
No

5a. Animal Welfare Assurance No. A52113

5b. Emergency Use Authorization  
Yes

6. DATES OF PROPOSED PERIOD OF SUPPORT (month, day, year—MM/DD/YY)  
From 10/01/01 Through 09/30/05

7a. Direct Costs ($)  
$50,000

7b. Total Costs ($)  
$77,000

8a. Direct Costs ($)  
$200,000

8b. Total Costs ($)  
$308,000

9. APPLICANT ORGANIZATION  
Name University of California

Address Office of Sponsored Programs
MSC01 8799
555 University of California
Sacramento, CA  90560

10. TYPE OF ORGANIZATION  
Public:  

Private:  

For-profit:  

Woman-owned:

Socially and Economically Disadvantaged

11. ENTITY IDENTIFICATION NUMBER  
672-8164-601

DUNS NO. 84680137  
Cong. District CA-025

12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE  
Name Clara Lynch

Title Associate VP for Research

Address Office of Sponsored Programs
MSC01 8799
1 University of California
Sacramento, CA 90560

Tel: 916-528-1551  FAX: 916-528-1555

E-Mail: clynch@uc.edu

13. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION  
Name Clara Lynch

Title Associate VP for Research

Address Office of Sponsored Programs
MSC01 8799
1 University of California
Sacramento, CA 90560

Tel: 916-528-1551  FAX: 916-528-1555

E-Mail: clynch@uc.edu

14. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE  
I certify that the statements therein are true, complete and accurate to the best of my knowledge, and accept the obligation to comply with Public Health Services terms and conditions if a grant is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.

SIGNATURE OF OFFICIAL NAMED IN 13.  
(In ink. "Per" signature not acceptable.)  

DATE

PHS 399 (Rev. 11/07) Face Page
### Detailed Budget for Initial Budget Period

#### Direct Costs Only

<table>
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<th>Name</th>
<th>Role on Project</th>
<th>Cal. Mths</th>
<th>Acad. Mths</th>
<th>Summer Mths</th>
<th>Inst. Base Salary</th>
<th>Salary Requested</th>
<th>Fringe Benefits</th>
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<td></td>
<td>100,000</td>
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**Subtotals**

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<td>Fringe Benefits</td>
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<td>Total</td>
<td>36,025</td>
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</table>

#### Consultant Costs

- **Equipment (Itemize)**

- **Supplies (Itemize by category)**
  - Soda
  - Pipettes
  - Plastic ware
  - Cultures
  - Total: 11,975

- **Travel**
  - One trip to University of New Mexico
  - Total: 2,000

- **Patient Care Costs**
  - Inpatient
  - Outpatient

- **Alterations and Renovations (Itemize by category)**

- **Other Expenses (Itemize by category)**

#### Consortium/Contractual Costs

- **Subtotal Direct Costs for Initial Budget Period**
  - Total: $50,000

- **Total Direct Costs for Initial Budget Period**
  - Total: $77,000
# BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD

## DIRECT COSTS ONLY

<table>
<thead>
<tr>
<th>BUDGET CATEGORY</th>
<th>INITIAL BUDGET PERIOD (from Form Page 4)</th>
<th>ADDITIONAL YEARS OF SUPPORT REQUESTED</th>
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<td>PERSONNEL: Salary and fringe benefits. Applicant organization only.</td>
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<td>36,500</td>
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<td>INPATIENT</td>
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<td>OUTPATIENT</td>
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<td>ALTERATIONS AND RENOVATIONS</td>
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<td>OTHER EXPENSES</td>
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<td>CONSORTIUM/CONTRACTUAL COSTS</td>
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<tr>
<td>TOTAL DIRECT COSTS</td>
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## TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PROJECT PERIOD

$308,000

### JUSTIFICATION

Follow the budget justification instructions exactly. Use continuation pages as needed.

Principal Investigator: Dr. Jones is the PI for the grant and will spend 0.6 calendar months on the project. His role is to direct the study activities, to coordinate and interpret all analyses, to summarize the data, to manage the inter-organizational collaboration with University of New Mexico.

Jessica Webster: The research technician is budgeted for 6.0 calendar months. This person will help with data retrieval and manipulation.

Travel: Travel will consist of: (1) one face-to-face meeting with the co-Principal Investigator for the study each year and (2) a professional meeting.

Lab Supplies:

(Aims 1, 3, & 4): Soda ($100/mo), serum ($100/mo), Matrigel® ($150/mo)–$4,200/years 1-4
Cell and Molecular Biology Reagents (Aims 1, 3, & 4): antibodies, peptides, detection reagents, fixatives, reagents ($300/mo) – $3,600/years 1-4
Chemicals (Aims 1, 3, & 4): $200/month – $2,400/years 1-4
CHECKLIST

TYPE OF APPLICATION (Check all that apply.)

- NEW application. (This application is being submitted to the PHS for the first time.)
- RESUBMISSION of application number:
  (This application replaces a prior unfunded version of a new, renewal, or revision application.)
- RENEWAL of grant number:
  (This application is to extend a funded grant beyond its current project period)
- REVISION to grant number:
  (This application is for additional funds to supplement a currently funded grant.)
- CHANGE of program director/principal investigator:
  Name of former program director/principal investigator:
- CHANGE of Grantee Institution. Name of former institution:
- FOREIGN application □ Domestic Grant with foreign involvement List Country(ies) Involved:

INVENTIONS AND PATENTS (Renewal appl only) □ No □ Yes If "Yes," □ Previously reported □ Not previously reported

1. PROGRAM INCOME (See instructions.)
All applications must indicate whether program income is anticipated during the period(s) for which grant support is request. If program income is anticipated, use the format below to reflect the amount and source(s).

<table>
<thead>
<tr>
<th>Budget Period</th>
<th>Anticipated Amount</th>
<th>Source(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$0.00</td>
<td></td>
</tr>
</tbody>
</table>

2. ASSURANCES/CERTIFICATIONS (See instructions.)
In signing the application Face Page, the authorized organizational representative agrees to comply with the policies, assurances and/or certifications listed in the application instructions when applicable. Descriptions of individual assurances/certifications are provided in Part III and listed in Part I, 4.1 under Item 14. If unable to certify compliance, where applicable, provide an explanation and place it after this page.

3. FACILITIES AND ADMINISTRATIVE COSTS (F&A) INDIRECT COSTS. See specific instructions.
- DHHS Agreement dated: 08/26/00 □ No Facilities And Administrative Costs Requested.
- DHHS Agreement being negotiated with Regional Office.
- No DHHS Agreement, but rate established with Date

CALCULATION* (The entire grant application, including the Checklist, will be reproduced and provided to peer reviewers as confidential information.)

<table>
<thead>
<tr>
<th></th>
<th>Amount of base</th>
<th>Rate applied</th>
<th>54.00% = F&amp;A costs</th>
</tr>
</thead>
</table>
a. Initial budget period: $50,000 | 50,000 x Rate applied | $27,000 |
b. 02 year | $50,000 x Rate applied | $27,000 |
c. 03 year | $50,000 x Rate applied | $27,000 |
d. 04 year | $50,000 x Rate applied | $27,000 |
e. 05 year | $50,000 x Rate applied | $27,000 |

TOTAL F&A Costs $108,000

*Check appropriate box(es):

- Salary and wages base
- Modified total direct cost base
- Other base (Explain)

Explanation (Attach separate sheet, if necessary):

4. DISCLOSURE PERMISSION STATEMENT: If this application does not result in an award, is the Government permitted to disclose the title of your proposed project, and the name, address, telephone number and e-mail address of the official signing for the applicant organization, to organizations that may be interested in contacting you for further information (e.g., possible collaborations, investment)? □ Yes □ No
Consultant or Subcontractor?

A Questionnaire and Sample Commitment Letter

When preparing a grant proposal in which outside personnel are to be enlisted for collaboration or other assistance, there can be some confusion about whether they should be retained as a “Consultant” or a “Subcontractor”. The designation of “Consultant” is often preferred due to the impression that less time and paperwork will be required to enlist their support. F&A costs/restrictions are also often the reasoning behind a PI preferring the “Consultant” designation. Unfortunately, the proper designation for a planned consultant or collaborator isn’t really open to preference. It’s purely a matter of the facts at hand. To put it simply, a Consultant acts on his or her own, completely independently of an employer or institution; in other words, we will be making checks out to a person rather than an institution. Requesting the Letter of Commitment, and requesting it as early as possible, can help us make the proper designation in a timely fashion. Attached to this questionnaire is a Sample Consultant Letter of Commitment, which will help you determine if the designation of Consultant is appropriate for the type of assistance you are seeking for your project. Before sending the letter template to your prospective Consultant for completion, it is a good idea to get the answers to the following questions up front in order to determine if the letter is even applicable:

1. What is the service or function they will provide to UNM (with some specificity);
2. Will they expect to have publication rights for their contribution to the research? (If the answer to this question is yes, they cannot be set up as a Consultant.)
3. What will be the duration of their commitment?
4. What is the amount of compensation they expect annually and/or for the entirety?
5. Who will checks be made out to; i.e., whose name, address, and EIN or federal tax ID number will go on the 1099 that UNM will mail to report any compensation (which may be subject to income tax) for their contribution at the end of the year? (If the EIN of a public institution will be used, then they cannot be set up as a Consultant.)
6. Will they be operating under their own insurance or under their institution’s? (If they will be operating under the insurance of a public institution, they should not be set up as a Consultant.)
7. Will they be using the lab equipment or facilities of their institution? (If the answer is yes, they should not be set up as a Consultant.)

PLEASE NOTE:
It is possible that a Consultant can be a private business entity. However, the IP issue in question 2 above must still always be answered “No”.

Once you have the answers to these questions, there should be no doubt as to whether you may designate this person as a Consultant. If it is determined that the designation of Consultant is, in fact, appropriate, send the attached Sample Commitment Letter for them to complete, sign, and return to us for the PreAward file.
August 28, 2009

University of New Mexico Health Sciences Center
Financial Services Division
Attn: Rena Vinyard, PreAward Manager
MSC09 5220, HSSB Rm 102
1 University of New Mexico
Albuquerque, NM 87131-0001
Phone: (505)272-6264
Fax: (505)272-0159
E-mail: HSC-Preaward@salud.unm.edu

Re: Consulting services for Effects of Soda on Adults; Dr. David Pepper

Dear Rena Vinyard;

After reviewing the above referenced grant proposal, I am very happy to offer my support in the form of consulting services. I understand that for the purposes of this project, the role of Consultant is a service vendor role; it conveys no intellectual property rights to me or my company, and I will be offering to this project the benefit of my expertise only. I also understand that I will be responsible for all personal tax obligations on any income proceeding from my services on this project (if applicable) and will therefore provide my tax identification number with my initial invoice for IRS annual tax reporting purposes.

Notwithstanding the foregoing, I hereby offer my services in the capacity of Consultant for a fee of $2500.00 annually, which includes direct and indirect costs. My understanding is that the approximate dates of the period of performance in which I will participate on the project is expected to be 11/05/09 through 02/28/10. I also realize that my participation and subsequent remuneration (if applicable) is contingent upon your proposal actually being funded by the grantor agency, National Institutes of Health. Upon award by the grantor agency, UNM will issue me a Purchase Order upon which I will base the invoice for my services directed to the address above.

I am very confident in the merits of the proposed research. I look forward to working with you on this auspicious project.

Very truly yours,

James Machine
Soda Supply Inc
Albuquerque, NM

Cc: Dr. David Pepper
NIH PUBLIC POLICY GUIDANCE
MEMORANDUM

Date: April 10, 2008

To: HSC Faculty and Staff

From: Richard S. Larson, MD, PhD
Vice President for Translational Research, UNM HSC

RE: Submitting Manuscripts to PubMed Central - New NIH Requirement

The purpose of this memo is to inform the HSC Research Community about the National Institute of Health's (NIH) revised Public Access Policy, review the new requirements, and describe the manuscript submission process.

Beginning today, April 7, 2008, all final manuscripts accepted for publication in a peer reviewed journal resulting from NIH funded research must be deposited into PubMed Central (PMC), the NIH’s open access repository of full text journal articles. In addition, beginning May 25, 2008, anyone submitting an application, proposal or progress report to the NIH must include the PMC or NIH Manuscript Submission reference number when citing applicable articles that arise from their NIH funded research.

The NIH policy applies to all peer-reviewed, original research publications that have been supported in whole or in part with direct costs from a NIH research grant, career development award, cooperative agreement, contracts, subcontracts, Ruth L. Kirschstein National Research Service Awards, as well as NIH intramural research studies that UNM may be participating on. It does not apply to book chapters, editorials, reviews, or conference proceedings. An author must own the copyright or have at least non-exclusive rights to an article in order to legally deposit it into PMC. Per the Policy, institutions and investigators are responsible for ensuring that any publishing or copyright agreements concerning submitted articles fully comply with this Policy.

UNM has a responsibility to ensure compliance with this new law including having a way to correct any procedural breakdowns in submitting NIH funded published articles. Going forward, the PI must ensure that all parties that may ‘potentially publish’ as a result of NIH funding, have all study personnel sign a non-exclusive copyright license (NECL), which we will attach as a second page of the conflict of interest (COI) form. Since both the COI form and the NECL need to be signed by all potential researchers, this will be the most efficient process to comply. In addition, when you submit a manuscript for publication, all investigators will need to submit the attached copyright letter to the journal if it does not comply with the NIH open access policy.
Subaward language on NIH sponsored activity will also be added to obtain assurances that the other entity also agrees to comply with NIH’s Public Access Policy.

There are many journals that work directly with PMC and automatically submit all of their published articles directly into PMC. See the following link for a list of these journals: http://www.pubmedcentral.nih.gov/fprender.fcgi

If you publish in one of these “PubMed Central Journals” you simply need to log in to the NIH Manuscript Submission System to approve the submission and provide the grant information. If the journal you are publishing in is not one of these journals, you must work with the publisher to retain at least nonexclusive copyright to your work, and then submit the final version of your manuscript accepted for publication to PMC using the NIH’s Manuscript Submission System at the following URL: http://www.nihms.nih.gov/

By depositing your published work into PMC, authors will significantly increase the visibility and “findability” of their work as it will be accessible to virtually anyone in the entire world with an internet connection. Because PMC is crossed linked and integrated with PubMed, GenBank, Genome Map Viewer, Molecular Database, MedlinePlus, Clinical Trials, Taxonomy, Small Molecules PubChem, DNA, Protein Sequences, Protein Structures, and more, PMC will help increase the rate of scientific discovery and promote more interdisciplinary, innovative, and novel research collaboration opportunities.

HSLIC has created an interactive web site that provides step-by-step assistance with Policy compliance, copyright management, and the PMC article submission process: http://hsc.unm.edu/library/SCI/. Additional information can be found at http://hsc.unm.edu/research/ as well.

If you have comments on the web site, please contact HSLIC at 272-2311.

I will continue to meet with senior UNM leadership regarding this subject. I will keep you posted if there are new developments or updates to these procedures. Please feel free to contact me if you have questions. This memo and subsequent sample letters and forms will be available on the HSC PreAward website: http://hsc.unm.edu/financialservices/preaward/index.shtml
How-To Steps to Submit Manuscripts:


* Select the appropriate login option: UNMHSC PIs should select "eRA Commons." All PIs with NIH grants should already have eRA Commons login accounts. If not sure if you have an account, contact HSC PreAward ([HSC-PreAward@salud.unm.edu](mailto:HSC-PreAward@salud.unm.edu)).

* Provide basic information as requested, including the journal title, PI, contact information, and associated NIH award number(s).

* Upload the complete text of your manuscript(s). The NIHMS supports a wide variety of file types (Word, Word Perfect, PDF, PowerPoint, Excel, etc.).

* Upload any corresponding, supplemental image files that contain figures, tables, or supplementary information along with the manuscript. Submit high-resolution images to ensure that they can be viewed properly in PubMed. Any supplemental material submitted to the accepting journal in support of the manuscript, is also to be submitted to PubMed. The NIHMS will generate a receipt of the uploaded files in PDF format. The PDF receipt summarizes the information entered into the system and merges the manuscript's files into one viewable document.

* Confirm that the manuscript and any additional supporting documents have been successfully received by NIHMS, and verify the document.

* Review and approve the Submission Statement and specify the timing of posting of the final manuscript for public accessibility through PubMed (this must be completed by the PI). **PIs should ensure that their final manuscript submissions to PubMed are consistent with any other agreements, including copyright assignments that they may have made with publishers.**

* Upon approval of the submission by the PI, the manuscript will be converted into XML - the standardized digital format used by PubMed.

* Review the XML manuscript as it will appear in PubMed once the conversion has taken place (PIs will be notified by e-mail when the document is ready for review) and correct any errors, if necessary. After PI approval, the article will be publicly accessible through PubMed after the time-delay specified by the PI.

(above from NIH instruction guide)
Resources

* PubMed Central  http://www.pubmedcentral.nih.gov/


* List of Journals that Submit to PubMed Central http://publicaccess.nih.gov/submit_process_journals.htm

* Public Access Policy Website: http://www.nih.gov/about/publicaccess/

* NIH Manuscript Submission (NIHMS) System: http://www.nihms.nih.gov/


* PubMed Central how-to slide show: http://publicaccess.nih.gov/communications.htm

* Questions and Answers: http://www.nih.gov/about/publicaccess/publicaccess_QandA.htm

* Public Access Policy Mailbox: PublicAccess@nih.gov

Internal resources:

* HSC Research Office website: http://hsc.unm.edu/research/

* HSC PreAward website: http://hsc.unm.edu/financialservices/preaward/index.shtml


* Sample Letter To Be Sent By UNM PI’s And Researchers When Submitting Papers To Publishers For Possible Publication: http://hsc.unm.edu/financialservices/preaward/forms.shtml

* Sample Letter To Be Sent By UNM PI’s And Researchers To Co-Authors From Other Institutions http://hsc.unm.edu/financialservices/preaward/forms.shtml

* UNM Non-Exclusive Copyright License (attached to the Conflict of Interest Form):
Dear Publisher,

Thank you for your attention to the enclosed submission. This article is based on research performed at the University of New Mexico that is funded in whole or in part by a grant from the National Institutes of Health (NIH) and is therefore subject to the mandatory NIH Public Access policy. As a matter of federal law, the final, peer-reviewed manuscript must be deposited with the PubMed Central database upon acceptance for publication and be made publicly accessible no later than 12 months after publication. Please be advised that, as a result of the NIH Policy, I have already executed a Non-Exclusive Copyright License for the sole purpose of allowing the University of New Mexico to submit my final, peer-reviewed manuscript to PubMed Central in the event that I or my publisher fails to do so within 12 months of publication.

In order to ensure compliance with the NIH mandate and to be sure that copyrights are addressed appropriately, I ask that either:

You, as the publisher, agree to be contractually obligated to submit the article directly to PubMed Central after acceptance. In this case I (and any co-authors) can work with your standard publication contract and need only ask to be informed when submission is complete so that the required reference number(s) that must be used in subsequent NIH applications can be obtained; or

If the necessary language is not part of your standard publication agreement or copyright agreement, please include in your contract this additional wording, which is suggested by the NIH:

"The Journal Acknowledges that Author(s) retain(s) the right to provide a copy of the final manuscript to the NIH upon acceptance for Journal publication, for public archiving in PubMed Central as soon as possible, but no later than 12 months after publication by Journal."

In the event that my work is selected for publication, please inform me at your earliest convenience which of the above options you would prefer, and whether you will require that the 12 month embargo be utilized before the work is made publicly available.

Thank you for your consideration and cooperation.

Sincerely,
Dear Co-Author,

Please be advised that my research for our joint effort is being conducted at the University of New Mexico, and is funded in whole or in part by a grant from the National Institutes of Health (NIH). The final, peer-reviewed manuscript of our work will therefore be subject to the mandatory NIH Public Access policy. As a matter of federal law, the final manuscript must be deposited with the PubMed Central database upon acceptance for publication and be made publicly accessible no later than 12 months after publication. As a result of the NIH Policy, I have already executed a Non-Exclusive Copyright License for the sole purpose of allowing the University of New Mexico to submit the final, peer-reviewed manuscript to PubMed Central in the event that I or the publisher fails to do so within 12 months of publication.

Many publishers are aware of the Policy and will agree to submit the final manuscript to PubMed Central on our behalf. In the event that a publisher does not do this, I am obliged to deposit the manuscript with PubMed Central. Also, we must ensure that potential publishers are aware of, and agree to, this limitation on our ability to assign full copyright rights.

If you would like to know more, there is a great deal of information on the NIH Policy available at the NIH website [http://publicaccess.nih.gov/](http://publicaccess.nih.gov/). Thank you for your cooperation.

Sincerely,
Dear NIH Grant Applicant,

In accordance with a recently enacted federal law, the National Institutes of Health (NIH) requires scientists who publish the results of their NIH funded research to deposit their peer reviewed manuscripts with the digital archive PubMed Central (http://www.pubmedcentral.nih.gov/). The NIH Public Access Policy ensures that the public has access to the published research that results from NIH funding. The Policy applies to all peer-reviewed journal articles, including research reports and reviews. For scientists, the Policy applies to peer-reviewed articles based on work that was directly funded by an NIH grant or a cooperative agreement active on or after October 1, 2007; (2) directly funded by a contract signed on or after April 7, 2008; (3) directly funded by the NIH Intramural Program; and/or (4) if the NIH pays your salary. Please note that the Policy also applies to published work where at least one of the co-authors is a NIH grant or fund recipient. Under the federal regulation, the work must be made publicly available no later than 12 months after the official date of publication. Additional details about the Policy itself and how it applies can be found on the NIH website at http://publicaccess.nih.gov/.

If you are successful in obtaining funding from the NIH (including any of its Institutes and Centers), you will need to address copyright concerns pertinent to any resulting published work. Before you sign a publication agreement or other copyright transfer agreement, make sure that the agreement allows the article to be submitted to the NIH within 12 months of official publication in accordance with its Public Access Policy. The NIH website maintains a list of journals and publications that will automatically submit your work to PubMed Central on behalf of their authors. If the journal publishing your work is not one that will submit your work to PubMed Central on your behalf, you are responsible for making sure that your work is appropriately submitted. On the HSC PreAward website, http://hsc.unm.edu/financialservices/preaward/forms.shtml, you will find two sample letters: one you may use to communicate your obligations as an NIH grant recipient to publishers, and another to communicate with co-authors.

As an institution facilitating NIH grants and research, UNM is obliged to ensure that its faculty and researchers are in compliance with federal law and the NIH Public Access Policy. Because you are applying for your grant through the University, the University must have a means for correcting any failure to submit published work covered by the NIH Policy to PubMed Central. In that regard, you will also need to sign a non-exclusive copyright license that will permit UNM to submit any final manuscript that results from your NIH funding and/or grant to PubMed Central. Please sign the license and return it to HSC PreAward with your proposal for any NIH funded agreements or subawards.

Thank you for your attention to this matter. Please feel free to contact Dr. Richard Larson with any questions or concerns you may have.
NON-EXCLUSIVE COPYRIGHT LICENSE

(The "Copyright Owner") hereby grants The University of New Mexico ("Licensee") permission to electronically provide any final, peer-reviewed manuscript resulting from any grant or funding from the National Institutes of Health, or any of its affiliated Institutes and/or Centers ("NIH"), obtained as the result of the Grant Application submitted by Copyright Owner on ___________ [date] _________ to ________ [NIH or affiliated entity] ________________________ to the National Library of Medicine’s PubMed Central in accordance with Division G, Title II, Section 218 of PL 110-161 (Consolidated Appropriations Act, 2008).

This Non-Exclusive License will be valid until such time as the NIH requirements pertaining to submittal of peer-reviewed manuscripts to PubMed Central have been met.

The Licensee’s rights are limited only to the electronic transmittal of the final work to PubMed Central’s online database in accordance with the instructions found on PubMed Central’s internet website and/or in any written instruction originating from PubMed Central or the NIH.

The Copyright Owner retains all other rights in the copyright work (unless otherwise licensed).

Dated: ______________________

________________________________

Copyright Owner
Revised Policy on Enhancing Public Access to Archived Publications Resulting from NIH-Funded Research

Notice Number: NOT-OD-08-033

Update: The following updates relating to this announcement have been issued:

- **October 30, 2009** - See Notice NOT-OD-10-009 Until further notice, only papers written in Latin script will be collected via the NIH Manuscript Submission System for the NIH Public Access Policy.
- **August 12, 2009** - See Notice NOT-OD-09-136 Clarification on the Use of an NIHMSID to Indicate Compliance with the NIH Public Access Policy.
- **March 19, 2009** - See Notice NOT-OD-09-070. The intent of this Notice is to provide information on the following statutory provisions that limit the use of funds on National Institutes of Health (NIH) grant, cooperative agreement, and contract awards for FY2009.

Key Dates

Effective Date: April 7, 2008

Issued by

National Institutes of Health (NIH), (http://www.nih.gov/)

Department of Health and Human Services

Action

Notice; Revised Policy Statement

Summary

In accordance with Division G, Title II, Section 218 of PL 110-161 (Consolidated Appropriations Act, 2008), the NIH voluntary Public Access Policy (NOT-OD-05-022) is now mandatory. The law states:
The Director of the National Institutes of Health shall require that all investigators funded by the NIH submit or have submitted for them to the National Library of Medicine’s PubMed Central an electronic version of their final, peer-reviewed manuscripts upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication: Provided, That the NIH shall implement the public access policy in a manner consistent with copyright law.

Specifications

1. The NIH Public Access Policy applies to all peer-reviewed articles that arise, in whole or in part, from direct costs funded by NIH, or from NIH staff, that are accepted for publication on or after April 7, 2008.

2. Institutions and investigators are responsible for ensuring that any publishing or copyright agreements concerning submitted articles fully comply with this Policy.

3. PubMed Central (PMC) is the NIH digital archive of full-text, peer-reviewed journal articles. Its content is publicly accessible and integrated with other databases (see: http://www.pubmedcentral.nih.gov/).

4. The final, peer-reviewed manuscript includes all graphics and supplemental materials that are associated with the article.

5. Beginning May 25, 2008, anyone submitting an application, proposal or progress report to the NIH must include the PMC or NIH Manuscript Submission reference number when citing applicable articles that arise from their NIH funded research. This policy includes applications submitted to the NIH for the May 25, 2008 due date and subsequent due dates.

Compliance

Compliance with this Policy is a statutory requirement and a term and condition of the grant award and cooperative agreement, in accordance with the NIH Grants Policy Statement. For contracts, NIH includes this requirement in all R&D solicitations and awards under Section H, Special Contract Requirements, in accordance with the Uniform Contract Format.

Inquiries

Send questions concerning this Notice or other aspects of the NIH Public Access Policy to: Office of Extramural Research, National Institutes of Health

1 Center Drive, Room 144
Bethesda, MD 20892-0152

Email: PublicAccess@nih.gov
Website: http://publicaccess.nih.gov
Scholarly Communication Initiative

HSLIC Scholarly Communication Initiative

NIH Policy Guide

Submission Guidance: How Do I Submit My Manuscript to PubMed Central (PMC)

Some journals have an existing agreement with PMC and will automatically upload your files for your approval. Will the publisher of your article automatically submit the manuscript files to PMC?

[ ] YES  [ ] DON'T KNOW / NO

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Top Stories

NIH Increases Public Access Policy Compliance Efforts

Starting this month, NIH will be stepping up its efforts to ensure compliance for the Public Access Policy as described in a recent NIH Guide Notice. To ensure compliance with the Public Access Policy, NIH Program Officials will check applications, proposals or progress reports to see if citations of papers appearing to fall under this policy include a PubMed Central Identifier or appropriate alternative. NIH staff will inform the Program Directors/Principal Investigators (PDs/PIs) via an email if citations appear out of compliance and will copy the Institutional Business Official on the email. The PD/PI will be asked to respond via email to both the Program Official and the Institutional Business Official with confirmation of compliance, or an appropriate explanation. Confirmation is the citation for the paper plus the appropriate identifier as described in the NIH Guide Notice. The NIH Guide Notice also contains a summary of application instructions pertaining to citations, and details on demonstrating compliance through the eRA Commons using eSNAP. For slides, articles, and other training materials and communications about the Policy, please see http://publicaccess.nih.gov/communications.htm.

Results of the Public Access Public Comment Process


Overview of Feedback

In response to an open meeting and request for information on NIH Public Access Policy, NIH received 613 unduplicated comments from a broad cross-section of the public, including NIH-funded investigators, members of the general public, patient advocates, professional organizations, and publishers. These comments and NIH's response are available at http://publicaccess.nih.gov/comments.htm.

Most comments offered broad support for the policy as written. Many comments requested a reduction in the delay period before papers can be made publicly available on PubMed Central. In some cases, comments expressed concern about the Policy, others asked for clarification, and still others suggested alternatives to NIH's implementation. These questions and concerns fall into several broad categories:

- The potential administrative burden on Program Directors/Principal Investigators and grantee institutions;
- Details such as applicability, cost reimbursement, compliance monitoring, and enforcement, and publisher support;
- Issues such as submission procedures, tracking submitted papers, version of the paper submitted, and managing and protecting copyrights;
- The relationship of the Policy to copyright law and the Administrative Procedures Act.
- The potential impact of the Policy on publishers and NIH.

NIH also received comments describing implementation efforts by numerous awardee institutions and publishers. In some cases, libraries took the lead on educating their faculty, and supporting them in interpreting publishing agreements and submitting manuscripts to NIH. In other cases, offices of sponsored research provided guidance on the NIH Public Access Policy disseminated to their faculty community via the web, memos, seminars and VideoCasts. Still other institutions described collaborations between libraries, offices of sponsored research, university counsels, and technology transfer offices. Several universities and
private groups described the development of new policies on scholarly communications, and new publishing forms and addenda that their faculty could use to ensure compliance with the Policy.

**NIH Response**

The report details NIH’s response to concerns and steps to facilitate compliance with the law.

- In May, July, and September of 2008 NIH updated the Public Access website to clarify the applicability, goals and anticipated impact of the policy, the methods to submit papers, and document compliance.
- In June 2008, NIH updated the NIH Manuscript Submission System (NIHMS), the online mechanism for submission of manuscripts to PMC, to allow Principal Investigators/Program Directors (PDs/PIs) to delegate all aspects of submission tasks to authors, and to allow publishers who submit manuscripts to the NIHMS on behalf of authors to exert greater control over manuscript delay periods.
- In August 2008, the National Library of Medicine issued a new web tool to help the scientific community obtain PubMed Central Identifiers in bulk.
- In September 2008, NIH issued a Guide Notice reminding awardees about the compliance process and providing details concerning NIH’s monitoring plan for Fiscal Year 2008.

**Results**

These efforts appear to be working. NIH estimates approximately 80,000 papers arise from NIH funds each year, and this total serves as the target for the Public Access Policy. During the voluntary policy, from May 2005 to December 2007, NIH was able to collect a total of 19% of targeted papers, from all sources. Under the first five months of the new Policy (April to August 2008), this rate jumped to an estimated 56% of papers per month.

**Conclusions**

These first few months show progress in implementing the Public Access Policy requirement due to active support from the academic and publishing communities. However, work still remains, as over 40% applicable papers per month remain unsubmitted.

Implementation and process refinement will continue in the coming months. NIH has established voluntary partnerships with many publishers to facilitate the depositing of manuscripts and final published papers, and expects these partnerships to continue to expand, and the percentage of submitted papers to grow. For example, as of October, approximately 475 journals now directly submit final published articles arising from NIH funds directly to PubMed Central (see http://publicaccess.nih.gov/submit_process_journals.htm). NIH will also continue to engage the community to ensure implementation proceeds in the most efficient and effective manner possible.

The NIH Public Access Policy, mandated by Congress, requires the results of NIH-supported research to be publicly available through the National Library of Medicine’s digital archive, PubMed Central, within 12 months after the official date of publication. The Policy is intended to advance science, provide public access to the published results of NIH-funded research, and improve human health. In order to implement the law in a transparent and participatory manner, NIH formally sought public input through an open meeting and a Request for Information (RFI).

Return to Table of Contents
HSLIC Scholarly Communication Initiative

NIH Policy Interactive Guide

This interactive tutorial will guide you through three areas to help you answer the following questions:

1. Does the Policy apply to me?
2. How do I manage my copyright?
3. How do I submit my manuscript?

To begin, select one of the three areas above. You can also go to each section from the left side navigation bar as needed.
HSLIC Scholarly Communication Initiative

NIH Policy Guide

Copyright Guidance: How Do I Manage My Copyright?

Can you answer 'yes' to any one of these questions?

1. Are you directly funded by a NIH grant or cooperative agreement active in Fiscal Year 2008 (October 1, 2007-September 30, 2008) or beyond?
2. Are you directly funded by a contract signed on or after April 7, 2008?
3. Are you directly funded by the NIH Intramural Program?
4. Does the NIH pay your salary?

Circle YES or NO.

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HSLIC Scholarly Communication Initiative

NIH Policy Guide

Policy Guidance: Does the Policy Apply to Me?

Will you submit a manuscript to a peer-reviewed* journal for publication OR sign a publisher agreement for a peer-reviewed publication based on NIH-funded work after April 7, 2008**?

YES NO

*The Policy does not apply to book chapters, research reports, reviews, editorials or any other type of non-peer-reviewed material.

**If you have published, submitted, or signed an agreement for a manuscript based on NIH-funded work before this date the NIH requests, but does not require, that you comply with the Policy.

© The University of New Mexico, Albuquerque, NM 87131, (505) 277-0111
NIH Policy Guide

Policy Guidance: Does the Policy Apply to Me?

Yes, you are required to comply with the revised NIH Public Access Policy by submitting your final, published manuscript to PubMed Central upon publication.

Learn how to manage your copyright in "Copyright Guidance" or post your manuscript in "Submission Guidance."

© The University of New Mexico, Albuquerque, NM 87131, (505) 277-0111
NIH Policy Guide

Copyright Guidance: How Do I Manage My Copyright?

In order to comply with the Policy you must own the copyright or have permission from the publisher to post the manuscript.

Do you own the copyright to your article or have permission to submit it to PMC in compliance with the Policy?

☐ YES ☐ DON'T KNOW ☐ NO

© The University of New Mexico, Albuquerque, NM 87131, (505) 277-0111
Scholarly Communication Initiative

NIH Policy Guide

Copyright Guidance: How Do I Manage My Copyright?

Congratulations! If you either own your copyright or have permission from the publisher to submit your manuscript to PMC, you can easily comply with the Policy.

Now, you can:

1. follow "Submission Guidance" if you would like to learn more about how you can post your manuscript to PubMed Central;
2. go directly to "How to Submit" to see what information you need to submit your manuscript; or
3. go directly to the NIH Manuscript Submission (NIHMS) system to start the process.

© The University of New Mexico, Albuquerque, NM 87131, (505) 277-0111
Revised Policy on Enhancing Public Access to Archived Publications Resulting from NIH-Funded Research

**Notice Number:** NOT-OD-08-033

**Key Dates**
Effective Date: April 7, 2008

**Issued by**

**Department of Health and Human Services**

**Action**
Notice; Revised Policy Statement

**Summary**

In accordance with Division G, Title II, Section 218 of PL 110-161 (Consolidated Appropriations Act, 2008), the NIH voluntary Public Access Policy (NOT-OD-05-022) is now mandatory. The law states:

*The Director of the National Institutes of Health shall require that all investigators funded by the NIH submit or have submitted for them to the National Library of Medicine's PubMed Central an electronic version of their final, peer-reviewed manuscripts upon acceptance for publication, to be made publicly available no later than 12 months after the official date of publication:* Provided, That the NIH shall implement the public access policy in a manner consistent with copyright law.

**Specifics**

1. The NIH Public Access Policy applies to all peer-reviewed articles that arise, in whole or in part, from direct costs funded by NIH, or from NIH staff, that are accepted for publication on or after April 7, 2008.

2. *Institutions and investigators are responsible for ensuring that any publishing or copyright agreements concerning submitted articles fully comply with this Policy.*

3. PubMed Central (PMC) is the NIH digital archive of full-text, peer-reviewed journal articles. Its content is publicly accessible and integrated with other databases (see: [http://www.pubmedcentral.nih.gov/](http://www.pubmedcentral.nih.gov/)).
4. The final, peer reviewed manuscript includes all graphics and supplemental materials that are associated with the article.

5. Beginning May 25, 2008, anyone submitting an application, proposal or progress report to the NIH must include the PMC or NIH Manuscript Submission reference number when citing applicable articles that arise from their NIH funded research. This policy includes applications submitted to the NIH for the May 25, 2008 due date and subsequent due dates.

Compliance

Compliance with this Policy is a statutory requirement and a term and condition of the grant award and cooperative agreement, in accordance with the NIH Grants Policy Statement. For contracts, NIH includes this requirement in all R&D solicitations and awards under Section H, Special Contract Requirements, in accordance with the Uniform Contract Format.

1 Costs that can be specifically identified with a particular project or activity. NIH Grants Policy Statement, Rev. 12/2003; http://grants.nih.gov/grants/policy/nihgps_2003/NIHGPS_Part2.htm# Toc54600040

Inquiries

Send questions concerning this Notice or other aspects of the NIH Public Access Policy to:

Office of Extramural Research
National Institutes of Health
1 Center Drive, Room 144
Bethesda, MD 20892-0152
Email: PublicAccess@nih.gov
Website: http://publicaccess.nih.gov
Reminder: Demonstrating Compliance

Grantees are reminded to demonstrate compliance with the Public Access Policy when submitting an application, proposal, or progress report to the NIH. Grantees should include the PubMed Central (PMC) reference number (e.g., PMC234567) for each paper that was authored or co-authored by the applicant or arose from their NIH award, and that falls under the Policy.

If the PubMed Central reference number (PMCID) is not available because the paper has not been published yet, authors should use the NIH Manuscript Submission reference number (e.g., NIHMS97531). If the PMCID is not available because the journal submits articles directly to PMC on behalf of their authors, applicants should indicate "PMC Journal - In Process." Grantees may only indicate "PMC Journal-In process" if the journal is on this list:

http://publicaccess.nih.gov/submit_process_journals.htm, or the grantee or author has made arrangements with a publisher on this list

http://publicaccess.nih.gov/select_deposit_publishers.htm to post a paper directly to PMC.

The PMCID is posted in PubMed as soon as an article has been successfully processed by PMC, which usually occurs around the time of publication. PMCIDs are listed in the lower right corner of the Abstract Plus view of PubMed (http://www.ncbi.nlm.nih.gov/PubMed/). If the paper is not yet publicly available on PMC, PubMed will also list the date the paper will become available. NIH provides other methods of obtaining PMCIDs (e.g. http://www.ncbi.nlm.nih.gov/sites/pmcid), as do several bibliography management software packages.

NIH expects citations in an application, proposal or report to include the most up-to-date information concerning the status of compliance with the Public Access Policy. The NIH Manuscript Submission reference number or "PMC Journal - In Process" should not be used once the PMCID is available. However, previously submitted applications, proposals and reports need not be updated when the PMCID becomes available.

Reminder: Location of Literature Citations

Annotations demonstrating compliance with the NIH Public Access Policy should be placed at the end of each applicable publication citation in every application, proposal or report. The appropriate locations for literature citations vary depending on the application type. Applicants/grantees are strongly encouraged to follow existing application instructions which are summarized in the tables below.
Competing Applications

<table>
<thead>
<tr>
<th>Submission Format</th>
<th>New Application</th>
<th>Renewal (in addition to requirements for new applications)</th>
<th>Biographical Sketch</th>
</tr>
</thead>
<tbody>
<tr>
<td>SF 424 (R&amp;R)</td>
<td>Provide in Item 8 (Bibliography &amp; References Cited) of the R&amp;R Other Project Information a bibliography of any references cited in the Project Narrative.</td>
<td>List publications, manuscripts accepted for publication and other printed materials that resulted from the project since last reviewed competitively in the Progress Report Publication List of the Research Plan.</td>
<td>Provide selected peer-reviewed publications or manuscripts in press in Section B of the Biographical Sketch upload of the R&amp;R Senior/Key Person Profile.</td>
</tr>
<tr>
<td>SF 424 (R&amp;R) SBIR</td>
<td>Provide in Item 8 (Bibliography &amp; References Cited) of the R&amp;R Other Project Information a bibliography of any references cited in the Project Narrative.</td>
<td>Phase II applicants only should list the titles and complete references to all appropriate publications, manuscripts accepted for publication, and other printed materials, if any, that resulted from the Phase I effort, in the Progress Report Publication List of the Research Plan.</td>
<td>Provide selected peer-reviewed publications or manuscripts in press in Section B of the Biographical Sketch upload of the R&amp;R Senior/Key Person Profile.</td>
</tr>
<tr>
<td>PHS 398</td>
<td>Provide in the Bibliography and References Cited section of the Research Plan, a bibliography of any references cited in the Project Summary and Relevance section on Form.</td>
<td>Provide in the Progress Report Publication List of the Research Plan, a list of publications, manuscripts accepted for publication and other printed materials that resulted from the project since last reviewed competitively.</td>
<td>Provide selected peer-reviewed publications or manuscripts in press in the Biographical Sketch.</td>
</tr>
<tr>
<td>PHS 398 Career Development Award Application (CDA)</td>
<td>Provide in the Bibliography and References Cited section of the Research Plan, a bibliography of any references cited in the Project Summary and Relevance section on Form Page 2.</td>
<td>Provide in the Progress Report Publication List of the Research Plan, a list of publications, manuscripts accepted for publication and other printed materials that resulted from the project since last reviewed competitively.</td>
<td>List all publications in the Biographical Sketch. Identify publications in the Biographical Sketch with a double asterisk if published during the previous period of support.</td>
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<tr>
<td>PHS 398 Training Application</td>
<td>Provide papers authored by trainees or potential trainees in Table 6 (Publications of Research completed by Trainees).</td>
<td>Update Table 6 with publications of trainees through the time that they complete their training. Refer to instructions in 398, Part II, 8.9.6.</td>
<td>List Program Director publications in the Biographical Sketch.</td>
</tr>
</tbody>
</table>

**Noncompeting Continuation Progress Reports**

- **PHS 2590** Report publications resulting directly from the grant that have not previously been reported, on Form Page 5 under a subheading F. Publications.

- **PHS 2590 CDA** Report publications resulting directly from the grant that have not previously been reported, on Form Page 5 under a subheading F. Publications.

- **PHS 2590** List all trainee publications not previously reported, including those
by former trainees still in research training, on Form Page 5, under C. Trainees.

When an eRA Commons eSNAP is initiated, a list of publications is automatically pulled into the Upload Science screen, for potential inclusion in the progress report, from two sources. First, eRA Commons pulls citations from the NIH Manuscript Submission system (including the appropriate PMCID and NIHMSID) that can be attributed to any PD/PI identified on the Notice of Award. Second, the list contains all manual entries from the Publications section of all PDs/PIs Personal Profiles. These manual entries are displayed with the Citation Source of “PD/PI Entered” both within the eSNAP and within the Publications section of the user’s Personal Profile.

Users must carefully review the publication list and “check” the checkbox of all citations to be associated with the report. The eSNAP user also has the option to manually add additional citations from within eSNAP. When manually entering citations, users should include the appropriate identifier as described above under Demonstrating Compliance. It is important to verify that the NIH Manuscript Submission System Status shows “AVAILABLE” on the Upload Science page when preparing and submitting the eSNAP report to ensure that all appropriate citation information is included in the report.

**Final Progress Reports**

Include a list of publications resulting from the project, with plans, if any, for further publications. See http://grants.nih.gov/grants/guide/notice-files/NOT-OD-05-051.html.
List any publications resulting from research during the period of the training in block 8 on form 416-7.

Resources


Inquiries

Office of Extramural Research
National Institutes of Health
1 Center Drive, Room 144
Bethesda, MD 20892-0152
Email: PublicAccess@nih.gov
Website: http://publicaccess.nih.gov
How do I include the PubMed Central reference number in my citations?

List the PubMed Central reference number (PMCID) at the end of the already-required full journal citation for the paper in applications, proposals and reports.

Examples:

Sala-Torra, O., et al., Connective tissue growth factor (CTGF) expression and outcome in adult patients with acute lymphoblastic leukemia. Blood. 2007 April 1; 109(7): 3080-3083. PMCID: PMC1852221

What do I do if the PubMed Central reference number (PMCID) has not been assigned yet?

a) If a manuscript was submitted through the NIH Manuscript Submission System (NIHMS) and a PubMed Central reference number is not yet available, include the NIH Manuscript Submission System reference number (NIHMS ID) instead

Example, before PMCID is available:

The same paper, once the PMCID is available:

b) If you publish in a journal that deposits all NIH-funded final published articles in PubMed Central (PMC) without author involvement, or if you make arrangements to have a publisher deposit your final published article in PMC, (Methods A or B, respectively), a PMCID may not be assigned until several weeks after publication. During this time, please signify compliance with the policy by indicating "PMC Journal - In Process" at the end of the citation.

Example, before PMCID is available:
Sala-Torra, O., et al., Connective tissue growth factor (CTGF) expression and outcome in adult patients with acute lymphoblastic leukemia. Blood. 2007 April 1; 109(7): 3080-3083. PMCID: PMC Journal - In Process

The same paper, once the PMCID is available:
Sala-Torra, O., et al., Connective tissue growth factor (CTGF) expression and outcome in adult patients with acute lymphoblastic leukemia. Blood. 2007 April 1; 109(7): 3080-3083. PMCID: PMC1852221

Please be sure to use the PMCID once it is assigned (see "How do I get the PMC reference number (PMCID) so I can cite it on my application, proposal or report?" for more information).

http://publicaccess.nih.gov/
EXPORT CONTROL
### UNM HEALTH SCIENCES CENTER PROPOSAL DATA SHEET (PDS) (INTERNAL USE ONLY)

<table>
<thead>
<tr>
<th>PROPOSAL #</th>
<th>DEPARTMENT (Lead department if multiple departments)</th>
<th>PIs ORG CODE</th>
<th>CURRENT INDEX#</th>
<th>CURRENT FUND#</th>
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<td>HSC-</td>
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<tr>
<th>PRINCIPAL INVESTIGATOR (PI)</th>
<th>PI’s BANNER ID</th>
<th>E-MAIL, if not SALUD</th>
<th>PHONE</th>
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<tr>
<th>CO-PI (If more than one, attach sheet)</th>
<th>Co-PI’s BANNER ID</th>
<th>E-MAIL, if not SALUD</th>
<th>PHONE</th>
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<th>E-MAIL, if not SALUD</th>
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<th>SPONSOR: (agency/company/collaborator)</th>
<th>SOLICITATION NUMBER or PROGRAM NAME</th>
<th>DATE PROPOSAL IS DUE TO AGENCY:</th>
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### PROJECT TITLE

Proposal Type *(SELECT ONE)*

- [ ] SUPPLEMENT
- [ ] TRANSFER
- [ ] NEW
- [ ] COMPETING RENEWAL
- [ ] NON-COMPETE CONTINUATION
- [ ] REVISION to PA#

#### PROPOSAL/PROJECT CLASSIFICATIONS

**INSTRUMENT TYPE:** *(SELECT ONE)*

- [ ] GRANT
- [ ] COOPERATIVE AGREEMENT
- [ ] CLINICAL TRIAL
- [ ] CLINICAL TRIAL - SUBAWARD
- [ ] CONTRACT
- [ ] SUBAWARD – originating sponsor is

**PROGRAM TYPE:** *(SELECT ONE)*

- [ ] RESEARCH
- [ ] INSTRUCTION
- [ ] TRAINING
- [ ] FELLOWSHIP
- [ ] ELECTRONIC SUBMISSION

**LOCATION:** *(SELECT ONE)*

- [ ] ON CAMPUS
- [ ] OFF CAMPUS

Costs for Initial or New Budget Period:

- **DIRECT COSTS**
  - From: __________ To: __________
  - $ 0

- **F&A RATE:** 50.50%
  - **F&A COSTS**
    - $ 0

- **Total for Budget Period**
  - $ 0

Costs for Entire Project: *(Award Cycle)*

- From: __________ To: __________

- **Total for Entire Project**
  - $ 0

### CLINICAL TRIALS ONLY:

- [ ] FDA Phase: [ ] I [ ] II [ ] III or [ ] IV [ ] Multi Center Study
- [ ] Inventions are Anticipated: [ ] YES [ ] NO
- [ ] PI Waives Intellectual Property Ownership: [ ] YES [ ] NO

### FACULTY ACTIVITY DATABASE (FAD) – SOM ONLY *(SELECT ONE)*

- [ ] RESEARCH
- [ ] CLINICAL
- [ ] EDUCATION
- [ ] NON MISSION SPECIFIC

If this project serves: [ ] NATIVE AMERICANS [ ] HISPANICS [ ] OTHER UNDERSERVED POPULATIONS

If this proposal involves items listed below, check all box(es) that apply. See PI Guide or links for additional information.

- [ ] HUMAN SUBJECTS
- [ ] LABORATORY ANIMALS
- [ ] SUBCONTRACTORS
- [ ] CONSULTANTS
- [ ] VA EMPLOYEES - MUS NEEDED (NIN)
- [ ] HSC F&A SPLITS
- [ ] COST SHARE or MATCHING FUNDS
- [ ] REQUIRES BUILDING MODIFICATIONS
- [ ] RECOMBINANT DNA: RADIOACTIVE/HAZARDOUS MATERIALS or WASTE
- [ ] EXPORT CONTROL / SELECT AGENTS
- [ ] FOREIGN NATIONAL UNM PERSONNEL
- [ ] FOREIGN COLLABORATORS
- [ ] RESTRICTIONS ON PUBLICATIONS
- [ ] FUNDING from a FOREIGN-OWNED AGENCY/COMPANY
- [ ] FOREIGN TRAVEL
- [ ] PROPRIETARY, CLASSIFIED or SENSITIVE INFORMATION

**Export Control**

In signing this document, the PI and CHAIR do hereby agree that all information contained within the application/proposal is true, complete and accurate to the best of their knowledge. The department hereby accepts all responsibilities for the budget, cost share commitments, F&A, split agreement(s), authorizations for use of UNM, mind Imaging, Cancer Center, and library facilities, curriculum changes, the cost of required building modifications, and coordination with other UNM departments, consultants, collaborators, and subcontractors, involved with this project. The PI and CHAIR also agree to secure HRRC & ARF approvals prior to beginning the research and will work with industrial security to develop a compliance plan for export control. If applicable, the PI accepts responsibility for the scientific conduct of the project, submission of the required progress reports, compliance with federal regulations prohibiting sabbatical personnel from participating in federally funded projects, and hereby acknowledges that any false, fictitious, or fraudulent statements or claims made in this proposal/application may subject the PI to criminal, civil, or administrative penalties.

**SIGNATURE OF PI**

**DATE**

**SIGNATURE OF PI's CHAIR**

**DATE**

**SIGNATURE of PreAward Reviewer**

**DATE**

Version 3-3-10

HSC Financial Services
**EXPORT CONTROL EXCLUSION SCREENING FORM**

Principal Investigator (PI): Answer the following questions Yes or No and return to the Contract and Grant Administrator (CGA) working on your proposal/grant/contract/agreement. For more information, go to: [Http://research.unm.edu/exportcontrol/] or the Export Control Exclusion Screening Tip Sheet: [http://research.unm.edu/exportcontrol/Tips.pdf].

Proposal Title: ____________________________________________________________________________

PI: ______________________________________________________________________________________

Funding Agency/Institution: ___________________________________________________________________

PreAward Tracking Number: ___________________________________________________________________

Previous # (if continuation): ___________________________________________________________________

Est. Start Date: _____________________________________________________________________________

<table>
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<tr>
<th>Fundamental Research Exclusion</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
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<tbody>
<tr>
<td>Will the information be published and shared broadly in the scientific community?</td>
<td></td>
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<tr>
<td>Are there any proprietary or U.S. government publication or access dissemination restrictions in the contract?</td>
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<tr>
<td>Are there any restrictions on foreign national participation or requirements for U.S. citizens only in the contract?</td>
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<tr>
<td>Will there be any foreign nationals and/or persons holding dual citizenship involved with the project? Provide the name and nationality of each individual if known or when available:</td>
<td></td>
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</tr>
<tr>
<td>Is any portion of the project being conducted at a site other than UNM? (SubAwardees, Collaborators, Consultants, Other (select one)). If &quot;Yes,&quot; where?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Will items and/or materials be shipped outside the United States? If &quot;Yes,&quot; what? where? and to whom?</td>
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<tr>
<td>Is travel outside the US anticipated? If &quot;Yes,&quot; where?</td>
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<tr>
<th>Educational Information Exclusion</th>
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<tbody>
<tr>
<td>Is the information commonly taught at schools and universities? (Please see Export Control Exclusion Screening Tip Sheet for more information.)</td>
<td></td>
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<tr>
<td>Are courses about this information listed in published course catalogs?</td>
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<tr>
<th>Other Terms Mentioned or Discussed Within the Project Documentation</th>
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<tr>
<td>If &quot;Yes&quot; is indicated, please include a brief description.</td>
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<tr>
<td>Encryption Software? (If yes, fill out the &quot;Checklist for Encryption Software...&quot; form)</td>
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<tr>
<td>Select Agents? If &quot;Yes,&quot; what is it?</td>
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<tr>
<td>Trade Secrets?</td>
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<tr>
<td>Sanctioned or Embargoed countries?</td>
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<tr>
<td>ITAR (International Traffic in Arms Regulation) or Munitions List? If &quot;Yes,&quot; #</td>
<td></td>
</tr>
<tr>
<td>EAR (Export Administration Regulations) or export control? If &quot;Yes,&quot; #</td>
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</tbody>
</table>

***IMPORTANT NOTICE TO PI***

Consequence of Non-Compliance

Failure to comply with US export control laws can result in severe penalties to the individual that can include the following: Civil penalties up to $500,000 for each violation; Criminal penalties can be applied up to $1,000,000 each violation; and/or Imprisonment for up to 10 years.

PI Signature: _____________________________________________________________________________

Print PI Name: __________________________________________________________________________

Phone/Email: ___________________________________________________________________________

Received By (Pre Award CGA): ___________________________________________________________________________

Date: _____________________________________________________________________________

For Internal Office Use Only:

Date submitted to export@unm.edu: __________________________________________________________________________

Date Returned to CGA: __________________________________________________________________________

Determination: ___________________________________________________________________________

Reviewer: ___________________________________________________________________________

The above determination is made in good faith based on the most accurate and reliable information available as of the date indicated above. 2/2/2010
What is an Export?

The Basics

In export control regulations, there are several meanings of the word, "export", which can include any of the following:

(1) the actual shipment of any goods or items covered under the regulations;

(2) the electronic or digital transmission of any goods, items or related goods covered under the regulations;

(3) any release or disclosure, including verbal disclosures or visual inspections, or any technology, software or technical data to any foreign national; or

(4) the actual use or application of covered technology on behalf of or for the benefit of any foreign entity or person anywhere.

The export or reexport of commodities, software, and technology is regulated by the US Department of Commerce Bureau of Industry and Security (BIS) which is responsible for implementing and enforcing Export Administration Regulations (EAR).

The BIS regulates purely commercial items as well as items that are commercial and might have military or proliferation applications (called "dual-use" items). The term "proliferation applications" refers to the spread of biochemical, nuclear, and other weapons of mass destruction to countries not originally involved in developing them.
Not all exports are covered under the EAR, however. For instance, defense articles and services are regulated by the Department of State under the International Traffic in Arms Regulations (ITAR). Examples of these types of exports include military equipment, military and space electronics, computers designed for military application, cryptographic techniques and encryption software.

Special exports such as endangered species, medical devices, and nuclear materials and equipment are regulated by still other governmental agencies. A list of the various agencies and contact information for each can be found in Supplement No. 3 to Part 730 of the EAR.

**UNM Empowered Officials**

**Main Campus**: Julia Fulghum, Vice President for Research & Economic Development  
**Health Sciences Center (HSC)**: Richard Larson, HSC Vice President for Research

© The University of New Mexico, Office of the Vice President for Research
EXPORT CONTROL EXCLUSION SCREENING
TIP SHEET

Fundamental Research Exclusion
No license is required to disclose to foreign persons information that is “published and which is generally accessible or available to the public through fundamental research in science and engineering at universities where the resulting information is ordinarily published and shared broadly in the scientific community.”

The Fundamental Research Exclusion is destroyed if the language of the proposed contract:
- Forbids the participation of foreign persons;
- Gives the sponsor or the other party to the agreement a right to approve publications resulting from the research, regardless if the relevant agreement may be collaterally or indirectly associated with the project; or
- Otherwise operates to restrict participation in research and/or access to and disclosure of research results.

Educational Information Exclusion
- No license is required to share with foreign persons “information concerning general scientific, mathematical or engineering principles commonly taught in universities or information in the public domain.”
- Foreign students using controlled equipment to conduct research should be registered for a research credit class.
- Does not apply to encrypted software.

Employment Exclusion
No license is required to share controlled technical information with a foreign person who:
- Is a full-time, bona fide university employee; and
- Has a permanent address in the U.S. while employed, provided that the person is:
  - Not a national of certain countries; and
  - Is advised in writing not to share controlled information with other foreign persons.

Public Domain
Exclusion applies to information and research results already published and actually available through:
- Libraries, bookstores, newsstands;
- Trade shows, meetings, and/or seminars open to the public;
- Websites open to the public; or
- Courses listed in the university catalog of a general nature.

Equipment Used Exclusions
There are not express exclusions that allow foreign persons to use controlled equipment or software without a license.

Most universities nonetheless rely on:
- The fundamental research exclusion on the grounds that using equipments is part of conducting fundamental research; and/or
- The education exclusion, when the program of instruction requires using equipment.

University Strategy
Protect the fundamental research exclusion by negotiating out the elimination of all contractual clauses that restrict university control over publications or limit access to or participation in research.

Consequences of Non-Compliance
Failure to comply with U.S. Export Control Laws can result in severe penalties that can include the following:
- Civil penalties up to $500,000 for each violation;
- Criminal penalties up to $1,000,000 each violation; and/or
- Imprisonment for up to 10 years.
AWARD BUDGET SHEET

& INSTRUCTIONS
Understanding the Award Budget Sheet (ABS)

The Award Budget Sheet (ABS) is designed to designate how award dollars will be spent. Prepare and submit this spreadsheet to HSC PreAward anytime a grant award is received or a contract is finalized, so every dollar can be assigned to an appropriate account code to set up the budget. PreAward staff will review the ABS and then pass it, along with the award/contract and other paperwork, to HSC Contract & Grant Accounting for entry in the Banner system. For your convenience, the most commonly used account codes are listed on the ABS. However, you may add three (3) additional account codes in the “User Defined” fields provided (enter account name and subcode), or substitute any of the existing account codes, as appropriate for the project, by “unprotecting” the ABS (see instructions below) and entering the account name and code in lieu of those provided.

Begin by filling in the project information in the upper left-hand corner. Please include the PreAward proposal number assigned to the project by the HSC Contract & Grant Administrator. Enter the start and end dates of the budget/project period [these are separate fields and the spreadsheet will use this information in the calculation of Modified Direct Costs (MDC) and Facilities and Administrative Costs (F&A)]. The ABS allows entry for up to five (5) budget periods/years, and the first year can be used for entering “continuation” or “supplemental” awards.

If the originating sponsor is a federal agency, UNM’s federally-negotiated F&A Rate Agreement will apply. The ABS will automatically calculate F&A based on the rate you enter in the spreadsheet and exclude the appropriate account codes from F&A cost calculation. The account codes that are excludable from F&A cost calculation are highlighted in yellow on the ABS. These same account codes appear in a table to the right of the ABS screen, under “Standard Excludable Categories.”

If the project is not federally-funded, F&A should be calculated on all budget categories. This is often the case on contracts or grants that have a limit on the amount of F&A (or indirect costs) the sponsor allows. This includes most non-profit agencies, state and local governments, and some commercial entities. If the award does not allow full recovery of F&A costs, put an “X” in the field provided in the upper right hand corner of the ABS. This option will permit the ABS to calculate F&A on all account codes (or total direct costs). If there are any exceptions outlined in the contract or grant guidelines, you can enter the amount in the “User Defined Excludable Categories” section of the table to the right of the ABS screen. The spreadsheet will exclude the amount from F&A cost calculation.

Using whole dollars, enter the amounts for the project expenses into the ABS. After you have entered all direct cost categories, enter the approved F&A rate or rates (if the project/budget period extends beyond 7/1/11, enter 51% as “F&A Costs – Rate 2.” If only one rate applies to the project/budget period, enter the percentage in the cell in the bottom left-hand corner of the ABS screen outlined in red that is designated as “F&A Cost – Rate 1.” The spreadsheet will automatically calculate the correct amount of F&A costs for the project.

If the project has subawards, be sure to enter the name of each subcontractor in the green shaded space beside the account code. If this is not the first year of the award (i.e., a continuation year), you will want to enter the amount awarded to the subcontractor for the previous year(s) in the “Subcontracts F&A Excludable Table,” to the right of the ABS screen. Only the first $25,000 of a subcontract is subject to F&A costs, so this table will exclude any amount awarded to the subcontractor in a previous year(s) up to $25,000. Do not enter an amount greater than $25,000 for each subcontract in the “excludable” table.

Unprotecting the ABS
You will need to “unprotect” the document if you wish to modify the account names and codes. DO NOT CHANGE or DELETE THE ACCOUNT NAMES WITH CODES THAT ARE HIGHLIGHTED IN YELLOW. Select “Review” Tab from the menu bar, and “Unprotect Sheet” from the Changes block. When you click “Unprotect Sheet” you will be prompted to enter the following password: 42lobos1

NOTE: The ability to cut and paste in this spreadsheet has been disabled to prevent the corruption of formulas.
<table>
<thead>
<tr>
<th>Category</th>
<th>Account Code</th>
<th>Continuation Year of 1st Year</th>
<th>Year 2 Amount</th>
<th>Year 3 Amount</th>
<th>Year 4 Amount</th>
<th>Year 5 Amount</th>
<th>Total Amount</th>
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<td>Rent - Off Campus Rate Used</td>
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<td>User Defined (3)</td>
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<td>Other Research Costs</td>
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<td>Other Operating Costs</td>
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Modified Direct Costs for Rate 1: $253,627
Modified Direct Costs for Rate 2: $253,627
Total Modified Direct Costs: $507,254

F&A Costs - Rate 1: $81,288
F&A Costs - Rate 2: $81,288

GRAND TOTALS: $488,946
COST SHARING

COMMITMENT FORM

THIRD PARTY COST SHARE

INSTITUTIONAL COMMITMENT
UNM Health Sciences Center
Cost Sharing Commitment Form

PI: Dr. David Pepper
Dept. Name: CRTC
Proposal Title: Effects of Soda on Adults
Banner Org. Code: 510A00
Contact Name & Phone if Questions: Nancy Helper, 272-1234
Funding Agency: NIH
Effective cost share period: Start date: 10/01/09 End date: 09/30/10

A separate form must be completed for each department, school, or college committing cost share funds.

Cost sharing commitments will be in accordance with UNM Business Policies and Procedure 2430 entitled “Cost Sharing on Sponsored Projects.” This form must be completed for all proposals which indicate cost sharing whether cash or in-kind, and whether mandatory or voluntary. Voluntary cost sharing included in proposals becomes a contractual obligation, whether or not the final award references the cost share, and hence, is discouraged.

1. Attach a copy of the funding agency guidelines related to the cost sharing requirements. This form will not be approved without the guidelines attached, or an explanation or justification for the cost share.

2. Indicate the sources of funds for the cost sharing. FOM and Residual are the preferred departmental sources. The commitment may not be restricted funds (example: Contract or Grant revenue).

<table>
<thead>
<tr>
<th>Item/Faculty/Staff Name</th>
<th>% Effort (if applicable)</th>
<th>Commitment Selection – Indicate Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example: Dr. Joe Smith</td>
<td>Example: 5%</td>
<td>FOM / Residual / I&amp;G</td>
<td></td>
</tr>
<tr>
<td>Dr. David Pepper</td>
<td>6.5%</td>
<td>FOM</td>
<td>$2,495</td>
</tr>
<tr>
<td>Dr. Nancy Salt</td>
<td>12.75%</td>
<td>FOM</td>
<td>$3,982</td>
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<tr>
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<td></td>
</tr>
<tr>
<td>Total Cost Share</td>
<td></td>
<td></td>
<td>$6,477</td>
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</table>

3. Provide justification for any cost sharing in excess of the required amounts:

4. Complete a separate Award Budget Sheet form for the total listed above. A separate restricted cost share Fund and Index number will be set up if the proposal is awarded.

5. Signature of Dept Admin/Acct: ______________________________ Date: ____________________
   Printed Name: ______________________________

The signature of the Department Chair is required. The Chair hereby indicates in the PreAward Proposal phase that there is an available source of funds for this cost share. After award, the Fiscal Monitor in Post Award Accounting will request a specific unrestricted index number for the transfer of cost share funds from the person who signed block 5 (or their replacement) via email, with a courtesy copy to the PI. No response or reply within 10 business days indicates the Chair approves the transfer from the Chair’s residual index. The transfer of funds will occur within each appropriate fiscal year. The Fiscal Monitor will email the signatory in block 5 and the PI 10 business days prior to each transfer.

6. Signature of Chairperson: ______________________________ Date: ____________________
   Printed Name: ______________________________

7. Signature Office of Research: ______________________________ Date: ____________________
   Printed Name: Richard Larson, Sr. Associate Dean for Research

Submit final form to HSC Financial Services/PreAward, MSC09 5220, HSSB Room 102 Phone: 2-6264

Pre-Award 2/15/06
### Budget Category

<table>
<thead>
<tr>
<th>Account Code</th>
<th>Continuation Year or Year</th>
<th>Year 2 Amount</th>
<th>Year 3 Amount</th>
<th>Year 4 Amount</th>
<th>Year 5 Amount</th>
<th>Total Amount</th>
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<td>$5,400</td>
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### F&A Costs

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<tr>
<th>Rate</th>
<th>On Campus</th>
<th>Off Campus</th>
</tr>
</thead>
<tbody>
<tr>
<td>50.5%</td>
<td>50%</td>
<td>20%</td>
</tr>
<tr>
<td>52.5%</td>
<td>50%</td>
<td>20%</td>
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<td>54%</td>
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<tr>
<td>55%</td>
<td>50%</td>
<td>25%</td>
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For more information on preparing budgets for contracts and grants, see the Principal Investigator's Guide or visit the Research website at: [http://research.unm.edu/policy_procedures/processing.html](http://research.unm.edu/policy_procedures/processing.html)
What is Third Party Cost Share?

An explanation and sample Third Party Cost Share Commitment Letter

When preparing a grant proposal in which external personnel or resources are to be enlisted for collaboration or other tangible assistance at no cost to the project, the University of New Mexico requires documentation to substantiate this commitment per policy guidance in OMB Circular A-21 and UBPPM Policy 2430.

The collaborating party should complete a Third Party Cost Share Commitment Letter or similar document and have it signed by an authorized official at their organization. The letter should be returned to the University of New Mexico Principal Investigator for inclusion in the proposal file that is due to Preaward no less than 5 business days before the sponsor’s deadline. The commitment letter will be verified by Preaward as part of the proposal review.

A sample letter is attached for use.
SAMPLE

[Date]
Rena Vinyard, Associate Director
Preaward Services, HSC
HSC Financial Services
MSC09 5220
1 University of New Mexico
Albuquerque, NM 87131-0001
Phone: (505)272-6264
Fax: (505)272-0159
E-mail: HSC-Preaward@salud.unm.edu

Re: Cost share commitment for [XXXXXX(project title)]; Dr. [UNMHSC PI]

Dear Rena Vinyard;

After reviewing the above referenced grant proposal, we are very happy to offer our support in the form of [list effort, funds, equipment, etc being provided]. I understand that we will provide [explain list from above] at no cost to this project or your institution.

I also understand that for audit tracking we will be responsible for providing certification, showing the [list from above] expended towards this project to:

Contract & Grant Accounting
HSC Financial Services
MSC09 5225
1 University of New Mexico
Albuquerque, NM 87131-0001

I am very confident in the merits of the proposed research. I look forward to working with you on this auspicious project.

Very truly yours,

[Name/Title]
[Address]
[Address]
[Phone]

Cc: [UNMHSC PI]
UNM Health Sciences Center
Documentation of Institutional Support

When a proposal requires a commitment to demonstrate the University's support for a grant/contract, it can take two forms:

1. **Cost Share,** the most common type of institutional support, offers the funding agency effort, materials, or services as part of the total project costs. Cost shared expenses, whether cash, match, or in-kind, must be measurable and allowable under the same criteria as the expenses reimbursed by the contract/grant, and tracked in accordance with UNM Business Policies and Procedure 2430 entitled “Cost Sharing on Sponsored Projects.” At the time of the proposal, the principal investigator must complete and have signed a “Cost Share Commitment Form” and submit it to the PreAward Office with the proposal.

2. **Institutional Commitment,** a rare form of institutional support, is reserved for large grants that usually encompass multiple disciplines and HSC departments. The principal investigator(s) will need to work closely with the Office of Research and the Executive Vice President’s office to determine if Institutional Commitment is appropriate, can be identified, or is available for support. At that time, a letter describing the resources that the HSC will make available if the grant is funded will be signed. This carefully worded letter, signed by Dr. Roth (or his designee), will be included as part of the investigator’s proposal to the sponsor. The letter suffices in lieu of the standard cost share commitment forms.
HSC F&A SPLIT
MAIN CAMPUS F&A SPLIT
The University of New Mexico
Main Campus AND Health Sciences Center F&A Split Form

(If splitting internally within your own campus, use "Main Campus or HSC Internal Split" form)

PI's Name: Dr. David Pepper  PreAward Proposal # HSC-00000
Funding Agency: NIH
Proposal Title: Effects of Soda on Adults

We, the undersigned, do hereby agree to the use of the percentages stated below for purposes of calculating the base for F&A cost allocation upon award. This agreement is good for 1 grant cycle, or until a new form is submitted.

Instructions: Complete BLUE Areas and Sign as Appropriate. Forward Completed Copy Both HSC & Main Campus PreAward Office.

<table>
<thead>
<tr>
<th>Complete Only As Appropriate</th>
<th>Budget $ Split</th>
<th>Percent</th>
<th>Authorized Signature</th>
<th>Print Name</th>
<th>Signature Date</th>
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</thead>
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<td>Main Campus</td>
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<td>Either Richard Larson, John Pieper, Nancy Ridenour, or Holly Buchanan</td>
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<tr>
<td>Health Sciences Center</td>
<td>12,960</td>
<td>82.5%</td>
<td>Julia Fulghum, Michael Dougher or Carlos Romero</td>
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<tr>
<td>Branch Campus</td>
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<td>0.0%</td>
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<tr>
<td>Other</td>
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Award Budget Total: $15,700  100%

Principal Investigator

Received by: OVPR PreAward Office
Located at: Business Center, Suite 2200, University & Lomas
MSC 01 1347

Received by: HSC PreAward Office
Located at: HSC Health Sciences Service Building #102
MSC09 3220

Signature Date

Receipt Date

F&A = Facilities & Administrative Costs
Also known as Indirect Costs or Overhead

INCLUDE AS ATTACHMENTS: BUDGET, showing the line items for each campus, & a copy of the Proposal Data Sheet (PDS). Show sufficient budget detail to allow Approvers to understand which are Main Campus and HSC budgets and splits.

Prepared on 8/12/2010

Located at: http://hsc.unm.edu/controller/preaward/forms.shtml "HSC/Main Campus Split Form"
University of New Mexico
Health Sciences Center Internal F&A Split Form

(If Splitting with Main Campus, Use "Main Campus/HSC Split" form)

PI's Name: Dr. David Pepper
PreAward Proposal #: HSC-00000
Funding Agency: NIH
Proposal Title: Effects of Soda on Adults

We, the undersigned, do hereby agree to the use of the percentages stated below for purposes of calculating the base for F&A cost allocation upon award. This agreement is good for 1 grant cycle, or until a new form is submitted.

Instructions: Complete BLUE Areas and Sign as Appropriate. Forward to PreAward Services when complete.

<table>
<thead>
<tr>
<th>Complete Only As Appropriate</th>
<th>HSC Budget $ As Appropriate</th>
<th>Percent</th>
<th>Authorized Signature</th>
<th>Print Name</th>
<th>Signature Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>School of Medicine</td>
<td>7,512</td>
<td>80.2%</td>
<td>Richard Larson, SOM Sr. Assoc. Dean of Research</td>
<td></td>
<td></td>
</tr>
<tr>
<td>College of Pharmacy</td>
<td>1,859</td>
<td>19.8%</td>
<td>John Pieper or Acting Dean</td>
<td></td>
<td></td>
</tr>
<tr>
<td>College of Nursing</td>
<td>0</td>
<td>0.0%</td>
<td>Nancy Ridenour or Acting Dean</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Health Sciences Library &amp; Informatics Center</td>
<td>0</td>
<td>0.0%</td>
<td>Holly Buchanan or Acting Director</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

HSC Budget Total: $9,371 100%

Principal Investigator

Signature Date

F&A = Facilities & Administrative Costs
Also known as Indirect Costs or Overhead

After obtaining above signatures, return to:
HSC PreAward, HSSB 102, MSC09 5220

Disclaimer: This form allocates the percentage split between HSC School & Colleges. The normal distribution to the HSC Vice President will still apply.

Prepared on 8/12/2010

O: \DATA\COMM\COMMON\A PreAward Resource\Web Items CurrentF&A split form HSC 2-11-09.xls
REQUEST TO SPEND FUNDS
& INSTRUCTIONS
SINGLE YEAR
MULTI-YEAR
A. There must be a proposal on record in PreAward for **at least the first year** of the multiyear award. (A minimum of a signed Proposal Data Sheet [PDS], and if applicable Conflict of Interest forms on file.)

B. PI or Department Staff is to initiate the Request to Spend Funds (RTSF) form at least one month prior to need when shell indices are necessary and a grant or contract will be awarded for more than one year. For example: an NIH Grant will show the amounts and dates for the entire cycle in the NGA.

C. PI or Department Staff is to obtain the signature or email verification from PreAward that the proposal has been filed. PreAward will verify questions 2, 4, 6, & 7 against the beginning cycle of the proposal and sign or email a reply. Allow up to 2 business days for a reply unless other arrangements have been made.

D. PI will submit to Department Chair for Signature, *with PreAward signature or attached email from PreAward.*

E. If the Dept Chair will **NOT agree** to provide funding in the event the anticipated funding is not received OR the project is **NEW or Re-Competing**; this form must be signed by the Dean or designee. Submit to HSC Financial Services (Post Award) for processing after Dean's signature.

F. If neither the Chair nor Dean is willing to cover expenses, HSC Financial Services cannot process this request.

G. If the PI desires the project to be separated out by “Projects” with different indexes for each, please attach a sheet with each project’s Fund Manager (Co-PI), co-Pls Banner Org Code, and Project Name.

H. The Post Award Fiscal Monitor will verify all above steps and set up a shell Grant & Fund(s) for all years, and request the Indexes, or if reporting requirements allow, one Fund & one Index number for all years.

I. Post award will email PI and contact person in #11 that approval is granted after receipt of index number from Finance Systems Management.

J. Post award will pass this completed (processed) form back to PreAward for placement in the proposal file and scanning of this document for “Attachment” in the Info Ed database for future year proposal reference. PreAward will print out a copy of the RTSF and place at Tab 1 of the Award file as each future year is awarded and passed to Post Award.

K. Post Award will check shell indexes 6 months after the expected start date to ensure a budget has been entered and the award has been processed. If a budget has not been entered, Post Award will check with PreAward to insure the award is immediate.

L. If at 6 months, an award is not immediate, Post Award will notify the Dept Chair, PI, Dept Administrator or Accountant to alert them to the fact that expenses are posting on an open index, and an Award of funding is not in sight.
UNIVERSITY OF NEW MEXICO
HEALTH SCIENCES CENTER
REQUEST FOR APPROVAL TO SPEND FUNDS
Send to Financial Services, MSC09 5220, HSSB Room 102

1. Principal Investigator ______ Dr. David Pepper ______ 2. PreAward Proposal# ______ HSC-00000 ______ (4 digits)

3. Department ______ CRTC ______ PI's Org Code ______ 510A00 ______ (will be tied to Index in Banner set up)

4. Funding Agency ______ NIH ______ 5. Project Title ______ Effects of Soda on Adults

6. Anticipated Award will be a ☑ Grant to UNM ______ ☐ Cost-Reimbursement (Sub) Contract

☐ Fixed-Price (Sub) Contract ______ ☐ Fee for Service

7. Anticipated Award will be a ☑ New ______ ☐ Competing Renewal ______ ☐ Non Competing Continuation ______ ☐ Supplement

☐ Research (CTA Phase I & II) ______ ☐ Public Service (CTA Phase III & IV) ______ ☐ Instruction

8. If this request pertains to a currently active project, indicate the agency award number ______ 5R01M1130261 ______ also indicate the current UNM index number ______ C99172 ______

9. The anticipated award is to begin ______ 10/01/09 ______ and end ______ 09/30/10 ______. Funds anticipated $ ______ 413,875 ______

10. Approval is requested to spend $413,875 ______ during the period beginning ______ 10/01/09 ______ and ending ______ 09/30/10 ______.

11. Person(s) to contact for questions concerning this request ______ Nancy Helper ______ Email: NHelper@salud.unm.edu

Phone: ______ 272-1234 ______ (This person will also receive e-mail of index number)

12. PI's Description of request and justification. Include discussion on level of certainty of award.

Just in Time info has been submitted.
Waiting for final award

Processing Steps:

1. PI is to initiate this form when a shell index is necessary and an Open Proposal is in progress & filed in PreAward.

2. PI is to obtain the signature or email verification from PreAward that a proposal has been filed. PreAward will verify questions 2, 4, 6, & 7 and sign or email a reply. Allow up to 2 business days for a reply unless other arrangements have been made.

PreAward Signature ______ Rena Signs Here ______ OR ______ ☐ See Attached Email from PreAward

3. PI will submit to Department Chair for Signature, with PreAward signature or attached email.

4. If application is non-competitive AND Dept Chair has agreed to provide funding in the event the award is not received, Dean's Signature is NOT REQUIRED. Submit to HSC Financial Services for processing up after Chair's signature.

5. If application is New, Competing, or New Supplement OR the Dept Chair will not agree to provide funding in the event the award is not received, this form must be signed by the Dean. Submit to HSC Financial Services for processing after Dean’s signature.

6. Post award will verify all above steps and set up shell Grant & Fund.

7. Post award will email PI and contact person in #11 after receipt of index number from Finance Systems Mgt.

8. Post award will pass this form to PreAward for placement in the proposal file.

IF SIGNATURE REQUIRED Dean Must Sign this Box Only.
☒ The Department Chair has agreed to provide funding for this project in the event that the award is not received or does not coincide with the anticipated performance period. I concur with this action.
☐ The Department Chair has endorsed this request but is unable to provide funding for losses incurred as a consequence of the approval of this request. I concur with the Department Chair's recommendation and will provide such funding if required.

Principal Investigator ______ Date ______

Dean ______ Date ______

REQUIRED: PI Must Sign this Box Only.
This request has been prepared in accordance with policy dated March 5, 1990. An urgent need exists to expend funds prior to receipt of a fully executed award.

REQUIRED: Dept Chair Must Sign this Box Only.
☒ In the event that the award described above is not received, or does not coincide with the period of performance identified above, I will provide funding for any losses incurred as a consequence of the approval of this request.
☐ I am unable to provide funding for losses incurred as a consequence of the approval of this request. However, I endorse the request and recommend its approval by the Dean.

Department Chair or Director ______ Date ______

Post Award Confirmation of all approvals:

Assigned Grant/Fund/Index Numbers

☐ Approved by Fiscal Monitor ______ Initial ______ Date ______
☐ Grant/Fund Set up, Index Requested, Initial ______ Date ______
☐ Email of Index to PI & Contact(s) in #11 ______ Initial ______ Date ______
☐ Return to PreAward to file with Proposal until Award ______ Initial ______ Date ______

Revised 12-1-06
UNIVERSITY OF NEW MEXICO
HEALTH SCIENCES CENTER
REQUEST TO SPEND FUNDS - MULTI YEAR
Send to Financial Services, MSC09 5220, HSSB Room 102

1. Principal Investigator Dr. David Pepper 2. PreAward Proposal# HSC-00000 (4 digits)

3. Department CRTC 4. Funding Agency NIH
   PI’s Org Code 510A00 (will be tied to Index in Banner set up)

5. Project Title Effects of Soda on Adults

6. Anticipated Award will be a: ☑ New ☐ Competing Renewal ☑ Non Competing Continuation ☐ Supplement
   (agency award number NOA324761, and current UNM index number C99172)

   Type: ☑ Grant to UNM ☑ Cost-Reimbursement (Sub)Contract ☐ Fixed-Price Contract ☐ Fee for Service

7. Anticipated Award will be what type: ☑ Research ☐ Public Service ☐ Instruction
   CTA Phase I & II CTA Phase III & IV

8. Will all Future Budget Periods and dollar amounts be shown in the Award? ☑ Yes ☐ No

   Budget Dates Dollar
   Budget Amts
   10/01/09 – 09/30/10 $ 413,875
   10/01/10 – 09/30/11 $ 413,875
   10/01/11 – 09/30/12 $ 413,875
   TOTAL $ 1,241,625

9. Approval is requested to spend as shown above for the amounts and dates stated above.

10. Person(s) to contact for questions concerning this request Nancy Helper Email: NHelper@salud.unm.edu
    Phone: 272-1234 (This person will also receive e-mail of index numbers)

11. PI’s Description of request and justification. Include discussion on level of certainty of award for years shown.

   Non-competing continuation – prime award delayed

PreAward Signature Rena Signs Here OR ☐ See Attached Email from PreAward

Instructions/Processing on page 2

REQUIRED: PI Must Sign this Box Only.
I agree to be responsible for the management of these Funds & Indexes for all future years. I understand that after the 1st year, indexes will not be available until 30 days prior to the budget start date.

Principal Investigator Date

REQUIRED: Dept Chair Must Sign this Box Only.
☒ In the event that the multi-year award described above is not received, or does not coincide with any period of performance identified above, I will provide funding for any losses incurred as a consequence of the approval of this request.
☐ I am unable to provide funding for losses incurred as a consequence of the approval of this request. However, I endorse the request and recommend its approval by the Dean

Department Chair or Director Date

IF SIGNATURE REQUIRED (if new RTSF) Dean Must Sign this Box Only.
☒ The Department Chair has agreed to provide funding for this project in the event that the award is not received or does not coincide with the anticipated performance period. I concur with this action.
☒ The Department Chair has endorsed this request but is unable to provide funding for losses incurred as a consequence of the approval of this request I concur with the Department Chair’s recommendation and will provide such funding if required.

Dean Date

Post Award Confirmation of all approvals:
Assigned Grant/Fund/Index Numbers

☐ Approved by Fiscal Monitor: Initial Date
☐ Grant/Fund Set up: Initial Date
☐ Email of Index to PI & Contact(s) in #1 Initial Date
☐ Return to PreAward to file with Proposal until Award: Initial Date

Revised 3/19/2010
MATERIAL TRANSFER AGREEMENT
(UNFUNDED)
THE UNIVERSITY OF NEW MEXICO  
Material Transfer Agreement (MTA) Questionnaire – UNM to Supply Material

<table>
<thead>
<tr>
<th>PreAward #</th>
<th>Date Rec'd:</th>
<th>When is the Material needed by the Recipient? 11/15/09</th>
</tr>
</thead>
<tbody>
<tr>
<td>UNM Faculty: Dr. David Pepper</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone: 505-272-7777</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department Name: CRTC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recipient (Company/Institution):</td>
<td></td>
<td>Life Like Medical Images</td>
</tr>
<tr>
<td>Scientist Name: Adam Anse</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recipient Address:</td>
<td></td>
<td>24 Exposure Way, Kodakrome. Fl 12831</td>
</tr>
<tr>
<td>Recipient Phone: 272-313-3113</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recipient Email: <a href="mailto:AA@LLMI.NET">AA@LLMI.NET</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name of Material (brief description of scientific/technical nature of Material):</td>
<td></td>
<td>Medical image rendering software (CD)</td>
</tr>
<tr>
<td>Who developed or created the Material?</td>
<td></td>
<td>Dr. David Pepper</td>
</tr>
</tbody>
</table>

Please describe the intended use of the Material / purpose of transfer:
To use in Life Like Medical Images study of rapid fire Neurons

Please provide answers to the following:

| 1. Are there any invention disclosures or pending patent applications on the Material? | YES | NO |
| 2. Has a patent been issued for the Material? | NO | ✓ |
| 3. Is the Material a known biohazard? |  | ✓ |
| 4. Is the Material a select agent? [Select Agent list] (if yes, fill out ECES form) |  | ✓ |
| 5. Has the Material been shipped to the Recipient already? |  | ✓ |
| 6. Is the Material being shipped outside the U.S. by UNM? [ECES Form] |  | ✓ |
| 7. Is the end user of the material located in the U.S.? |  | ✓ |
| 8. Will Recipient use Material in research funded by industry sponsors? |  | ✓ |
| 9. Will Recipient use Material in conjunction with materials from other parties? |  | ✓ |
| 10. Will Recipient pay for Material preparation / shipping cost? |  | ✓ |
| 11. Will research involve *in vitro* experiments? (outside a living organism) |  | ✓ |
| 12. Will research involve *in vivo* experiments? (within a living organism) |  | ✓ |

Please provide any additional information or explanations (e.g. shipping and/or procurement cost estimates, names of industry sponsors, date of Material shipment if already supplied) to expedite this MTA:

MTAs will not be accepted without this form.

When complete, please submit to ncarr@salud.unm.edu or interoffice to Financial Services Division, MSC09-5220.
**THE UNIVERSITY OF NEW MEXICO**  
*Material Transfer Agreement (MTA) Questionnaire – UNM to Receive Material*

<table>
<thead>
<tr>
<th>PreAward # HSC-</th>
<th>Date Rec’d:</th>
</tr>
</thead>
</table>
| **UNM Faculty:** Dr. David Pepper  
  Phone: 505-272-7777  
  Department Name: CRTC | **Planned start date for research:** 10/01/09 |
| **Provider Name / Provider’s PI:**  
  Soda-Pop International  
  Kenneth Kola | **Provider Address:**  
  12 Ounce lane, Fountain City, Utah 35287  
  Phone: 608-258-1212  
  Email: KKola@SPI.com |

**Name and Quantity of Material (brief description of scientific/technical nature of Material):**  
Automatic fluid dispensing unit and liquid sugar / H2O combiner

**List type of funding, project title, account, proposal and/or grant number (as applicable):**  
Grant

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>1.  Is material to be used on another research project?</td>
<td>☐</td>
</tr>
<tr>
<td>2.  Does the research collaborate with others?</td>
<td>☐</td>
</tr>
<tr>
<td>3.  Will Material be modified or a new substance created?</td>
<td>☐</td>
</tr>
<tr>
<td>4.  Is the Material to be used strictly for testing purposes?</td>
<td>☒</td>
</tr>
<tr>
<td>5.  Is any new IP anticipated from the research?</td>
<td>☐</td>
</tr>
<tr>
<td>6.  Is the Material a known biohazard?</td>
<td>☒</td>
</tr>
<tr>
<td>7.  Is the Material a select agent? <strong>Select Agent list</strong> (if yes, fill out ECES form)</td>
<td>☒</td>
</tr>
<tr>
<td>8.  Is the Material available from another source?</td>
<td>☒</td>
</tr>
<tr>
<td>9.  Is the Material being purchased from a repository?</td>
<td>☒</td>
</tr>
<tr>
<td>10. Have you received the Material already?</td>
<td>☒</td>
</tr>
<tr>
<td>11. Will research involve <em>in vitro</em> experiments? (outside a living organism)</td>
<td>☒</td>
</tr>
<tr>
<td>12. Will research involve <em>in vivo</em> experiments? (within a living organism)</td>
<td>☒</td>
</tr>
<tr>
<td>13. Is the Material supplier located outside the U.S.? <strong>ECES Form</strong></td>
<td>☒</td>
</tr>
<tr>
<td>14. Are there any publication restrictions? <strong>Fundamental Research Exclusion</strong></td>
<td>☒</td>
</tr>
<tr>
<td>15. Will foreign nationals work on the project? <strong>Foreign Nationals</strong></td>
<td>☒</td>
</tr>
<tr>
<td>16. Is foreign travel planned? <strong>ECES Form</strong></td>
<td>☒</td>
</tr>
<tr>
<td>17. If foreign supplier, is only a proposed manuscript and/or presentation to be sent?</td>
<td>☒</td>
</tr>
</tbody>
</table>

Please provide any additional information (e.g. costs >$5000, unique circumstances, collaborators’ names, alternate suppliers) which may assist expediting the MTA:

**MTAs will not be accepted without this form**

When complete, please submit to ncarr@salud.unm.edu or interoffice to Financial Services Division, MSC09-5220.
FREQUENTLY USED DOCUMENTS

AND

NUMBERS
Preaward

UNMHSC Documents & Information

F&A Cost Rates
Cognizant Agency: Department of Health and Human Services, Division of Cost Allocation,
Henry Williams, 214-767-3261; dated 07/13/09, and in effect for the period
07/01/09 through 6/30/13.

Industry-sponsored CTA Indirect Cost Rate

State of NM F&A Cost Rates
For State Agreements with UNMHSC

Calculation of Fringe Benefit HSC-FY2010

Transplant Center Certification Feb 2007

CDC Select Agents Certificate

Tax Exempt Status
This letter from the IRS explains the tax status of the University which is tax exempt under
Section 170 as a political subdivision (August 17, 1990).

Evidence of Coverage (Insurance Certificate)
State of New Mexico Evidence of Coverage

UNM Annual Financial Reports
University of New Mexico Financial Statements

UNM Fact Book
Official statistical fact book for UNM containing a wide range of information and data about the
University

W-9
Request for Taxpayer Identification and Certification

Export Control Decision Tree
Assists in decision whether or not export control may exist on a project.

SOM FAD Contract & Grant Categories
For use by SOM departments with regard to HSC's
Proposal Data Sheet
July 13, 2009

Ms. Ava J. Lovell
Controller
University of New Mexico
1 University of New Mexico
Albuquerque, NM 87131-0001

Dear Ms. Lovell:

A copy of a facilities and administrative cost Rate Agreement is being faxed to you for signature. This Agreement reflects an understanding reached between your organization and a member of my staff concerning the rate(s) that may be used to support your claim for facilities and administrative costs on grants and contracts with the Federal Government.

Please have the agreement signed by an authorized representative of your organization and fax it to me, retaining a copy for your files. Our fax number is (214) 767-3264. We will reproduce and distribute the Agreement to the appropriate awarding organizations of the Federal Government for their use.

In addition, we are enclosing the component breakdown of the facilities and administrative cost rate(s) as agreed to by both parties. Please sign this form and fax it with the signed Rate Agreement.

A facilities and administrative cost proposal, together with supporting information, is required each year to substantiate claims made for facilities and administrative costs under grants and contracts awarded by the Federal Government. Thus, your next proposal based on actual costs for the fiscal year ending June 30, 2012 is due in our office by December 31, 2012.

Thank you for your cooperation.

Sincerely,

Henry Williams
Director
Division of Cost Allocation
Central States Field Office

Enclosures

PLEASE SIGN AND RETURN THE ORIGINAL OF THE RATE AGREEMENT
COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN #: 1856000642A1

INSTITUTION: University of New Mexico
1 University of New Mexico
Albuquerque
NM 87131-0001

DATE: July 13, 2009
FILING REF.: The preceding Agreement was dated April 14, 2005

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: FACILITIES AND ADMINISTRATIVE COST RATES*

RATE TYPES: FIXED FINAL PROV.(PROVISIONAL) PRED.(PREDETERMINED)

<table>
<thead>
<tr>
<th>TYPE</th>
<th>EFFECTIVE PERIOD</th>
<th>RATE(%)</th>
<th>LOCATIONS</th>
<th>APPLICABLE TO</th>
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</thead>
<tbody>
<tr>
<td>PRED.</td>
<td>07/01/09 06/30/11</td>
<td>50.5</td>
<td>On Campus</td>
<td>Organized Research</td>
</tr>
<tr>
<td>PRED.</td>
<td>07/01/11 06/30/13</td>
<td>51.0</td>
<td>On Campus</td>
<td>Organized Research</td>
</tr>
<tr>
<td>PRED.</td>
<td>07/01/09 06/30/13</td>
<td>50.0</td>
<td>On Campus</td>
<td>Instruction</td>
</tr>
<tr>
<td>PRED.</td>
<td>07/01/09 06/30/13</td>
<td>26.0</td>
<td>Off Campus</td>
<td>Other Spon. Programs</td>
</tr>
<tr>
<td>PRED.</td>
<td>07/01/09 06/30/13</td>
<td>54.0</td>
<td>On Campus</td>
<td>All Programs</td>
</tr>
<tr>
<td>PRED.</td>
<td>07/01/09 06/30/13</td>
<td>29.0</td>
<td>Off Campus</td>
<td>DOD Contracts</td>
</tr>
<tr>
<td>PRED.</td>
<td>07/01/09 06/30/13</td>
<td></td>
<td></td>
<td>DOD Contracts</td>
</tr>
</tbody>
</table>

Use same rates and conditions as those cited for fiscal year ending June 30, 2013.

*BASE: Modified total direct costs, consisting of all salaries and wages, fringe benefits, materials, supplies, services, travel and subgrants and subcontracts up to the first $25,000 of each subgrant or subcontract and subcontracts up to the first $25,000 of each subgrant or subcontract. (regardless of the period covered by the subgrant or subcontract). Modified total direct costs shall exclude equipment, capital expenditures, charges for patient care, tuition remission, rental expenditures, charges for on-site facilities, scholarships, and fellowships as well as the portion of each subgrant and subcontract in excess of $25,000.

(1)
INSTITUTION:
University of New Mexico

AGREEMENT DATE: July 13, 2009

SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:
Fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are listed below.

TREATMENT OF PAID ABSENCES:
Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims for the costs of these paid absences are not made.

OFF-CAMPUS DEFINITION: For all activities performed in facilities not owned by the institution and to which rent is directly allocated to the project(s), the off-campus rate will apply. Grants or contracts will not be subject to more than one F&A cost rate. If more than 50% of a project is performed off-campus, the off-campus rate will apply to the entire project.

Equipment Definition - Equipment means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost of $5,000 or more per unit.

FRINGE BENEFITS:

FICA
Worker’s Compensation
Retirement
University Discounts
Health and Life Insurance
Unemployment Compensation
Tuition Remission
Payroll Taxes
INSTITUTION:
University of New Mexico

AGREEMENT DATE: July 13, 2009

SECTION (II): GENERAL

A. LIMITATIONS:
The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) only costs incurred by the organization were included in the facilities and administrative cost pools as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as facilities and administrative costs are not claimed as direct costs; (3) Stipulated types of costs have been accorded cost disallowances; and (4) The information provided by the organization which was used to establish the rates is not consistently or inaccurately by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:
This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes in the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from facilities and administrative to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:
If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:
The rates in this Agreement were approved in accordance with the authority in Office of Management and Budget Circular A-21 and should be applied to grants, contracts and other agreements covered by this Circular, subject to any limitations in above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

E. OTHER:
(Any Federal contract, grant or other agreement is reimbursing facilities and administrative costs by a means other than the approved rate(s) in this Agreement. The organization should (1) credit such costs to the affected program, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of facilities and administrative costs allocable to these programs.

BY THE INSTITUTION:
University of New Mexico

(INSTITUTION)

SIGNED BY

[Signatures]

(NAME)

VP Finance/Univ. Controller

(TITLE)

DATE

7/16/09

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

DIRECTOR, DIVISION OF COST ALLOCATION

(TITLE) CENTRAL STATES FIELD OFFICE

DATE: July 22, 2009

(REPRESENTATIVE) Henry Williams

(U.S. REPRESENTATIVE) Henry Williams

Telephone: (214) 767-3600

(3)
COMPONENTS OF PUBLISHED F&A COST RATE

INSTITUTION: University of New Mexico

FY COVERED BY RATE: JULY 1, 2009 through JUNE 30, 2011

APPLICABLE TO: ORGANIZED RESEARCH

<table>
<thead>
<tr>
<th>RATE COMPONENT</th>
<th>ON CAMPUS</th>
<th>OFF CAMPUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Building Depreciation</td>
<td>1.8</td>
<td></td>
</tr>
<tr>
<td>Equipment Depreciation</td>
<td>2.5</td>
<td></td>
</tr>
<tr>
<td>Interest</td>
<td>1.6</td>
<td></td>
</tr>
<tr>
<td>Operation &amp; Maintenance</td>
<td>16.2</td>
<td>26.0</td>
</tr>
<tr>
<td>Library</td>
<td>2.4</td>
<td></td>
</tr>
<tr>
<td>Administration</td>
<td>26.0</td>
<td>26.0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>50.5</td>
<td></td>
</tr>
</tbody>
</table>

CONCURRENCE:

University of New Mexico
(Institution)

[A Signature]

Ava J. Lovell
(Name)

VP Finance/Controller
(Title)

7/16/09
(Date)
COMPONENTS OF PUBLISHED F&A COST RATE

INSTITUTION: University of New Mexico
FY COVERED BY RATE: JULY 1, 2011 through JUNE 30, 2013
APPLICABLE TO: ORGANIZED RESEARCH

RATE COMPONENT: |
| ON CAMPUS | OFF CAMPUS |
| Building Depreciation | 1.9 | 26.0 |
| Equipment Depreciation | 2.5 | |
| Interest | 1.6 | |
| Operation & Maintenance | 16.6 | 26.0 |
| Library | 2.4 | |
| Administration | 26.0 | |
| TOTAL | 51.0 | |

CONCURRENCE:
University of New Mexico
(Institution)

[Signature]
(Signature)

[Name]
(Name)

[Title]
(VP Finance/Controller)
(Date)

[7/14/09]
To: HSC Faculty & Staff  
Re: Facility & Administrative (F&A) Rates for State/Local Agreements with HSC

This memo clarifies the F&A rates for state/local agencies that will be applied on HSC projects. HSC Faculty who wish to be granted these special rates are to request an F&A reduction waiver through the Office of Research for their School or College prior to proposal submittal or bid to the agency.

Please note that federal flow-through (all grants or contracts that are funded to a state/local agency from federal agencies) will be required to include the normal F&A rate of 50.5% (or 26% for research conducted in off-campus facilities).

To support the research mission at HSC, it is critical that we obtain the appropriate F&A.

<table>
<thead>
<tr>
<th>Agency</th>
<th>Rate (unless Federal Flow Through)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Administrative Office of the Courts</td>
<td>20%</td>
</tr>
<tr>
<td>Albuquerque Public Schools (APS)</td>
<td>10%</td>
</tr>
<tr>
<td>Higher Education Department</td>
<td>0%</td>
</tr>
<tr>
<td>Children, Youth and Families Department</td>
<td>5.5%</td>
</tr>
<tr>
<td>Commission on Info and Comm. Mgmt.</td>
<td>20%</td>
</tr>
<tr>
<td>Corporation Commission</td>
<td>20%</td>
</tr>
<tr>
<td>Developmental Disabilities Planning Council</td>
<td>20%</td>
</tr>
<tr>
<td>Department of Finance and Administration</td>
<td>0%</td>
</tr>
<tr>
<td>Department of Corrections</td>
<td>20%</td>
</tr>
<tr>
<td>Department of Game and Fish</td>
<td>20%</td>
</tr>
<tr>
<td>Department of Health</td>
<td>5.5%</td>
</tr>
<tr>
<td>Department of Labor</td>
<td>20%</td>
</tr>
<tr>
<td>Energy, Minerals, and Natural Resources Dept.</td>
<td>20%</td>
</tr>
<tr>
<td>Economic Development</td>
<td>20%</td>
</tr>
<tr>
<td>Health Care Initiative</td>
<td>20%</td>
</tr>
<tr>
<td>Health Policy Administration</td>
<td>20%</td>
</tr>
<tr>
<td>Historical Preservation Division</td>
<td>20%</td>
</tr>
<tr>
<td>Health &amp; Human Services Department</td>
<td>5.5%</td>
</tr>
<tr>
<td>Interstate Stream Commission</td>
<td>20%</td>
</tr>
<tr>
<td>Museum of New Mexico</td>
<td>20%</td>
</tr>
<tr>
<td>New Mexico Arts Division</td>
<td>0%</td>
</tr>
<tr>
<td>New Mexico Water Research Institute</td>
<td>0%</td>
</tr>
<tr>
<td>Public Education Department</td>
<td>5.5%</td>
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<tr>
<td>New Mexico Endowment for the Humanities</td>
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<tr>
<td>National Children's Advocacy Center</td>
<td>20%</td>
</tr>
<tr>
<td>Department</td>
<td>Percentage</td>
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<tr>
<td>------------------------------------------------</td>
<td>------------</td>
</tr>
<tr>
<td>Office of Cultural Affairs</td>
<td>20%</td>
</tr>
<tr>
<td>Small Business Development Center</td>
<td>0%</td>
</tr>
<tr>
<td><strong>Aging and Long-Term-Services Department</strong></td>
<td><strong>5.5%</strong></td>
</tr>
<tr>
<td>State Engineering Office</td>
<td>20%</td>
</tr>
<tr>
<td>State Highway &amp; Transportation Department</td>
<td>20%</td>
</tr>
<tr>
<td>State Justice Institute</td>
<td>20%</td>
</tr>
<tr>
<td>Supreme Court</td>
<td>20%</td>
</tr>
<tr>
<td>Taxation and Revenue Department</td>
<td>20%</td>
</tr>
<tr>
<td>Traffic Safety Bureau</td>
<td>20%</td>
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<tr>
<td>Optum Health (State Provider Contractor)</td>
<td>10%</td>
</tr>
<tr>
<td>City of Albuquerque</td>
<td>20%</td>
</tr>
<tr>
<td>Bernalillo County</td>
<td>20%</td>
</tr>
</tbody>
</table>

**Other State and Local Governments** 20%

Notes:

- If the state or local agency is submitting a proposal to the federal government, UNM's full negotiated F&A rate should be included as part of the UNM subcontract costs, unless F&A is capped by the Federal sponsor.

- There may be specific program guidelines that specify the allowable F&A on a specific project. Faculty must include a copy of these guidelines with the proposal as justification for a different rate and submit an F&A waiver to the Office of Research.

- There will be no additional F&A modifiers on the direct cost line items. Total Direct Charge (TDC) method will be applied.

- F&A is computed by taking the direct cost needed to complete the project and multiplying the F&A percentage. ($25,000 direct * 5.5% rate = $1,375 F&A) Contract value is the SUM of Direct + F&A. ($25,000 + $1,375 = $26,375) (i.e. Do *Not* multiply bottom line times the rate ($26,375 * 5.5%) as this is incorrect.)

- This memo will be posted on the PreAward website. If rates change, this memo may be updated, showing the revision date.

Posting Approved

Richard S. Larson, MD PhD 7-1-09
Memorandum

Date: May 24, 2011

To: HSC Principal Investigators, Chairs, Deans, Directors and Department Administrators

From: Ava Lowell, CPA
HSC Senior Executive Financial Officer
and University Controller

Richard S. Larson, MD, PhD
Vice President for Research, UNM HSC
Senior Associate Dean for Research, UNM SOM

Re: HSC Fringe Benefit Rates on Proposals -- FY 2012

HSC Budget Office has determined that the following fringe benefit rates are to be used on contract and grant proposal budgets. These rates replace the prior year rates. Principal investigators may either use prior year actuals or estimated rates as noted in Method 2. To be in compliance with OMB Circular A-21, Cost Accounting Standards, whichever method is used (Method 1 or Method 2); it must be used consistently throughout the entire proposal. As we are responsible for the actual costs incurred, the budgeted amounts should reflect as close as possible what actual expenses will be. In the event that the budgeted amount does not cover the actual costs incurred, it will be necessary to re-budget during the period of the contract/grant to pay for actual fringe benefit costs.

Method 1 (Actuals):

Estimate actual cost by person based on past experience. A Hyperion report showing fringe benefit rates as a percent of salary must be included as supplementary documentation when the proposal is sent to HSC PreAward. A schedule of all personnel on the grant and their respective fringe rates is to be included in each proposal. After accounting for statutorily mandated Educational Retirement adjustments: an additional 1.75% in FY 13, an additional 2.25% in FY 14, and an additional .75% in FY 15; fringe benefits are to be increased by 2.25% per year. (FY 13 example: 26.8% (FY 12 full-time faculty rate) to 29.21% (FY 13 rate) is calculated as follows 26.8% + 1.75% = 28.5% + 1.0225% = 29.22%)


The University of New Mexico Health Sciences Center • MSC 09 5300 • 1 University of New Mexico • Albuquerque, NM 87131-0001
Health Sciences & Services Building • Phone 505.272.6426 • Fax 505.272.3486 • http://health.unm.edu/abswd/budget
**Method 2: (Estimates):**

The Fringe Benefits below assumes projected changes to: (a) the miscellaneous fringe benefit and workers’ compensation rates in FY 13; (b) a 5% group insurance rate increase each year, FY 13 – FY 16, for eligible employees; and (c) statutorily required Educational Retirement changes each year, FY 13 – FY 16:

<table>
<thead>
<tr>
<th>Category</th>
<th>FY 12</th>
<th>FY 13</th>
<th>FY 14</th>
<th>FY 15</th>
<th>FY 16*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faculty .50 FTE and above</td>
<td>26.8%</td>
<td>29.2%</td>
<td>31.8%</td>
<td>32.8%</td>
<td>33.2%</td>
</tr>
<tr>
<td>Staff .50 FTE and above</td>
<td>30.3%</td>
<td>32.9%</td>
<td>35.6%</td>
<td>36.9%</td>
<td>37.4%</td>
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<tr>
<td>Part-time faculty and staff, .25-.49 FTE</td>
<td>17.2%</td>
<td>19.8%</td>
<td>22.5%</td>
<td>23.8%</td>
<td>24.3%</td>
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<tr>
<td>Part-time faculty and staff, less than .25 FTE</td>
<td>8.1%</td>
<td>8.0%</td>
<td>8.0%</td>
<td>8.0%</td>
<td>8.0%</td>
</tr>
<tr>
<td>Summer salary only</td>
<td>17.2%</td>
<td>18.9%</td>
<td>21.2%</td>
<td>21.9%</td>
<td>21.9%</td>
</tr>
<tr>
<td>Postdoctoral fellows</td>
<td>22.9%</td>
<td>25.1%</td>
<td>27.8%</td>
<td>29.1%</td>
<td>29.6%</td>
</tr>
<tr>
<td>Housestaff</td>
<td>29.0%</td>
<td>Contact GME Office for FY 13 – FY 16</td>
<td></td>
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<tr>
<td>Undergraduate students</td>
<td>1.0%</td>
<td>1.0%</td>
<td>1.0%</td>
<td>1.0%</td>
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</tr>
<tr>
<td>Graduate Students</td>
<td>1.0% + Insurance</td>
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</table>

*Tuition for Research Assistants should be a separate line item.*

*Proposals exceeding FY16 will continue to use FY16 rates.

---

**Note:** For all Research Assistant (RA) and Project Assistants (PA) .25 FTE and higher, health insurance should be budgeted as follows for either method:

<table>
<thead>
<tr>
<th>Category</th>
<th>FY12</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16</th>
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<tr>
<td>Fall</td>
<td>$643</td>
<td>$675</td>
<td>$708</td>
<td>$743</td>
<td>$780</td>
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<tr>
<td>Spring/Summer</td>
<td>$869</td>
<td>$912</td>
<td>$957</td>
<td>$1,004</td>
<td>$1,054</td>
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<tr>
<td>Summer Only:</td>
<td>$301</td>
<td>$316</td>
<td>$331</td>
<td>$347</td>
<td>$364</td>
</tr>
</tbody>
</table>
February 19, 2007

Administrator
University of New Mexico Transplant Center
2211 Lomas Blvd. NE
Albuquerque, New Mexico 87106

Dear Administrator:

On October 26, 2006 a recertification survey was conducted at your facility by the Health Facility Licensing and Certification Bureau to determine if your facility was in compliance with the Federal and State regulations for Transplant Centers. Your facility was found to be in compliance with the Conditions of Participation.

Note: This notice of clearance is limited only to the recertification survey mentioned above.

If you have any questions, please contact Sandra Cole, Bureau Chief, at 2040 South Pacheco Street, 2nd Floor, Room #413 Santa Fe, New Mexico 87505. Phone: (505) 476-9028 Fax: (505) 476-9026.

Sincerely,

[Signature]

Harold S. Sanchez
Quality Assurance Supervisor
Quality Assurance Survey Processing Unit
Health Facility Licensing and Certification Bureau
<table>
<thead>
<tr>
<th>(Y1) Item</th>
<th>(Y5) Date</th>
<th>(Y4) Item</th>
<th>(Y5) Date</th>
<th>(Y4) Item</th>
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<td>Reg. # 405.2138</td>
<td>(c)(3)</td>
<td>Reg. # 405.2138(c)(3)</td>
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<td>Reg. # 405.2137</td>
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<td>Reg. # 405.2138(c)</td>
<td>LSC</td>
</tr>
</tbody>
</table>

Reviewed By: ____________________________ Date: ______/____/____
Reviewed By: ____________________________ Date: ______/____/____
Reviewed By: ____________________________ Date: ______/____/____
Reviewed By: ____________________________ Date: 1/30/07

Signature of Surveyor: ____________________________ Date: ______/____/____
Signature of Surveyor: ____________________________ Date: ______/____/____
Signature of Surveyor: ____________________________ Date: ______/____/____
Signature of Surveyor: ____________________________ Date: ______/____/____
Post-Certification revisit report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, assembling data, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of the collection of information, including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 20584, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0360), Washington, D.C. 20503.

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<th>(Y2) Multiple Construction</th>
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<tr>
<td></td>
<td>B, Wing</td>
<td></td>
</tr>
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</table>

Name of Facility
UNIVERSITY OF NEW MEXICO TRANSPLANT CENTER
Street Address, City, State, Zip Code
2211 LOMAS BOULEVARD NE
ALBUQUERQUE, NM 87108

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program. It shows those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date each corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown in the left of each requirement on the survey report form).

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</table>

<table>
<thead>
<tr>
<th>(Y4) Item</th>
<th>(Y5) Date</th>
<th>(Y4) Item</th>
<th>(Y5) Date</th>
<th>(Y4) Item</th>
<th>(Y5) Date</th>
</tr>
</thead>
<tbody>
<tr>
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<td>Correction Completed 01/30/2007</td>
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<td>Reg. #405.2171(d)</td>
<td>LSC</td>
</tr>
<tr>
<td>LSC</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Reviewed By ____________________________ Reviewed By ____________________________ Date: ____________________________
State Agency
Reviewed By ____________________________ Reviewed By ____________________________ Date: ____________________________
CMS RO
Followup to Survey Completed on: 10/28/2006

Signature of Surveyor: ____________________________ Date: 11/30/07
Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO

Form CMS - 2567B (9-82)
TO:  
Terry Yatas (Responsible Official)  
University of New Mexico  
Scholes Hall, Room 227A  
Albuquerque, NM 87131  
FAX: (505) 277-5271

FR:  
Centers for Disease Control and Prevention, Select Agent Program

DATE:  
January 09, 2007

RE:  
Notification of approval for registration under 42 CFR Part 73

Attached is the following:

1. A registration certificate;
2. A letter of explanation regarding registration of your entity with the CDC Select Agent Program; and
3. A listing of individuals at your entity that you have identified as requiring a security risk assessment approval and the current status of their risk assessment approval.

Originales will follow by mail. Please contact your designated CDC representative at the CDC Select Agent Program if you have questions. If you are unsure who your designated CDC representative is, then please call 404-718-2000.

Sincerely,

[Signature]

Robbin Westart, PhD, CAPT, USPHS  
Acting Director, Division of Select Agents and Toxins  
Coordinating Office of Terrorism Preparedness and Emergency Response  
Centers for Disease Control and Prevention  
1600 Clifton Road N.E., Mail Stop A-46  
Atlanta, GA 30333  
Telephone: (404) 718-2000; FAX: (404) 718-2098

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December 22, 2009

Richard Larson (Responsible Official)
University of New Mexico
1 University of New Mexico, MSC 08 4560
Albuquerque, NM 87131-0001
FAX: (505) 272-6875

RE: Notification of approval for registration

Your registration certificate is attached with this memorandum. The entity registration is valid only for the select agents and toxins listed, the specified activities at the locations described in your application, and for the conditions that were approved under 42 CFR Part 73, 7 CFR Part 331, and/or 9 CFR Part 121, to possess, use, or transfer select agents or toxins. Please note that the registration certificate for your entity will expire on December 17, 2012. The registration certificate does not confer approval for pending amendment requests or supersede any correspondence that may be related to compliance or other pending issues at your entity. Your registration number should be referenced on all correspondence and select agent forms submitted to this program.

A list of all personnel at your entity that you have identified as requiring a security risk assessment approval and the current status of their security risk assessment is provided in an attachment to this letter. The list also includes each individual's unique DOJ identifying number that should be used with any further communications regarding the specific individual. Individuals not appearing on the enclosed list as SRA approved or not appearing on the list must be denied access to select agents or toxins by the Responsible Official or Alternate Responsible Official(s).

If you have any questions concerning this correspondence, please contact your designated Select Agent Program representative or visit our website at http://www.selectagents.gov/. If you are unsure who your designated representative is, please contact CDC Representative at 404-718-2000 or APHIS Representative at 301-734-5980.

Robbin Weyant, PhD, CAPT, USPHS
Director, Division of Select Agents and Toxins
Centers for Disease Control and Prevention
Department of Health and Human Services

Freeda E. Isaac, DVM
Director, Select Agent Program
Veterinary Services, APHIS
United States Department of Agriculture

Michael J. Firk, Ph.D.
Director, Select Agent Program
Plant Protection and Quarantine, APHIS
United States Department of Agriculture

This document is intended for the exclusive use of the recipient(s) named above. It may contain sensitive information that is protected, privileged, or confidential, and it should not be disseminated, distributed, or copied to persons not authorized to receive such information. If you are not the intended recipient(s), any dissemination, distribution, or copying is strictly prohibited. If you think you have received this document in error, please notify the sender immediately and destroy the original.
Certificate of Registration

Entity Name: University of New Mexico
Address: 1 University of New Mexico, MSC 08 4560
         Albuquerque, NM 87131-0001

Registration #: C20091222-0971
Effective Date: December 22, 2009
Expiration Date: December 17, 2012

Responsible Official: Richard Larson
Alternate Responsible Official(s): Kurt Nolte, Judy Pointer

Based on information provided to the CDC Select Agent Program and the APHIS Select Agent Program, the above-named entity is authorized to possess, use, and transfer select agents and toxins under the conditions specified in the entity registration application, in accordance with 42 CFR part 73, 9 CFR part 121, and 7 CFR part 331.

Robbin Weyant, Director
Select Agent Program
Centers for Disease Control and Prevention

Freeda E. Isaac, DVM, Director
Select Agent Program
Veterinary Services

Michael J. Firko, Director
Select Agent Program
Plant Protection and Quarantine

CDC

USDA

APHIS
MEMORANDUM

TO: Potential Granting Agencies

FROM: Scot Sauder, Esq., Senior Associate University Counsel and Health Law Section Lead Attorney

DATE: March 11, 2010

RE: Tax Status of the Regents of the University of New Mexico

This Memorandum is to summarize the tax status of the Regents of the University of New Mexico. Under the New Mexico Constitution and New Mexico Statutes, the Regents are a body corporate with the power to manage and operate the University of New Mexico. The University of New Mexico, as evidenced by the IRS determination letter attached to this Memorandum, is recognized as a political subdivision as defined in 26 U.S.C. § 115.

As you may know, under 26 U.S.C. § 170(a), charitable contributions are tax deductible. Under that same statute -- 26 U.S.C. § 170(c)(1) -- contributions made for public purposes to the University of New Mexico are considered deductible just as 26 U.S.C. § 170(c)(2) makes contributions to corporations and foundations deductible if the corporation or foundation in question is exempt under 26 U.S.C. § 501(c)(3). In other words, political subdivisions -- such as the University of New Mexico -- and 501(c)(3) corporations are generally on an equal footing when it comes to charitable contributions.
Dear Sir or Madam:

Instrumentalities of a political subdivision are exempt under section 115 of the Internal Revenue Code and are not required to file Federal Income Tax Return Form 1120, nor Information Return Form 990. Contributions to such organizations are deductible by donors as provided in section 170 of the Internal Revenue Code. Requests, legacies, devices, transfers of gifts to or for their use are deductible for Federal, estate and gift tax purposes under the provisions of sections 2035, 2106, and 2522 of the Code.

These organizations are not liable for tax imposed under the Federal Insurance Contributions Act (Social Security Taxes). They may, however, obtain Social Security coverage for employees through the State or Department of Public Welfare. Such organizations are required to withhold income tax from wages paid to their employees and make remittances thereof to Internal Revenue Service.

If we may be of further assistance, please contact the person whose name and telephone number are shown at the beginning of this letter.

Sincerely,

[Signature]
EO Technical Assistant
# Evidence of Coverage

MEMORANDUM NUMBER: RMD-EOCFY13-000494

This Evidence of Coverage is used as a matter of information only and confers no rights upon the Certificate Holder.

This Evidence of Coverage does not amend, extend, or alter the coverage afforded by the insurance policy(ies) for the type(s) of coverage listed below.

## Certificate Holder Information

**Insured:** State of New Mexico  
UNMH Safety & Risk Services  
MSC 06 3560  
1 University of New Mexico  
Albuquerque, NM 87131-0001  
Dates: 7/1/12 to 6/30/13

**Loss Payee:** To Whom It May Concern

<table>
<thead>
<tr>
<th>Coverage Period</th>
<th>Effective:</th>
<th>Expires:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>7/1/12, 12:01 AM</td>
<td>7/1/13, 12:01 AM</td>
</tr>
</tbody>
</table>

This is to certify that the State of New Mexico maintains the insurance listed below for the period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this Evidence of Coverage may be used or may pertain, the coverages afforded by the Evidence of Coverage described herein are subject to all terms, exclusions, and conditions of the insurance policy(ies) to which this Evidence of Coverage pertains.

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<tr>
<th>Type of Coverage</th>
<th>Limit of Liability/Coverage</th>
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</thead>
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<tr>
<td>A) Liability</td>
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<td>(Aggregate, see Statutes)</td>
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<tr>
<td>B) Property</td>
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</tr>
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<tr>
<td>H) Fine Arts</td>
<td>$200,000.00 Limit</td>
</tr>
</tbody>
</table>

Should any of the above coverages for the Covered Party be changed or withdrawn prior to the expiration date issued above, the State of New Mexico will mail 30 days written notice to the Certificate Holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the State of New Mexico, its agents, or representatives.

If you have any questions, contact:

**Authorized Representative:**  
Jay R. Hone, Director, Risk Management Division, GSD  
Risk Management Division

Date Issued: 7/1/12
EVIDENCE OF COVERAGE

MEMORANDUM NUMBER: RMD-EOCFY13-000495

This Evidence of Coverage is used as a matter of information only and confers no rights upon the Certificate Holder. This Evidence of Coverage does not amend, extend, or alter the coverage afforded by the insurance policy(ies) for the type(s) of coverage listed below.

CERTIFICATE HOLDER INFORMATION

INSURED: State of New Mexico
UNM Medical Group
MSC 06 3560
1 University of New Mexico
Albuquerque, NM 87131-0001
Dates: 7/1/12 to 6/30/13

LOSS PAYEE: TO WHOM IT MAY CONCERN

Coverage Period | Effective: 7/1/12, 12:01 AM | Expires: 7/1/13, 12:01 AM

This is to certify that the State of New Mexico maintains the insurance listed below for the period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this Evidence of Coverage may be used or may pertain, the coverages afforded by the Evidence of Coverage described herein are subject to all terms, exclusions, and conditions of the insurance policy(ies) to which this Evidence of Coverage pertains.

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Authorized Representative: [Signature]

Date Issued: 7/1/12
Jay R. Hone, Director, Risk Management Division, GSD
Risk Management Division
UNM Annual Financial Reports Link

HTTP://RESEARCH.UNM.EDU/PUBLICATIONS/INDEX.CFM

UNM Fact Book Link

HTTP://WWW.UNM.EDU/~OIR/FACTBOOK/WEBSITE.HTM
Form W-9

Request for Taxpayer Identification Number and Certification

Name (as shown on your income tax return)
University of New Mexico

University of New Mexico Health Sciences Center (HSC)

Check appropriate box for federal tax classification (required):
☐ Individual/sole proprietor
☐ C Corporation
☐ S Corporation
☐ Partnership
☐ Trust/estate
☐ Exempt payee

Other (see instructions)

Limit liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) □

Address (number, street, and apt. or suite no.)
1 University of New Mexico MSC09 5225
City, state, and ZIP code
Albuquerque, NM 87131

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number

Employer identification number

Part II Certification
Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest and dividends on your tax return. For real estate transactions, Item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, and contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Signature of U.S. person

Date

9/1/2012

General Instructions
Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form
A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

A partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Note, if a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

• An individual who is a U.S. citizen or U.S. resident alien,
• A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
• An estate (other than a foreign estate), or
• A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.
Office of Academic Affairs

Faculty Activity Database (FAD)
GRANT & CONTRACT CATEGORIES

R--Research and Research Support
Use this category for all grants and contracts that primarily serve to further the research mission of the institution by finding answers to questions, testing hypotheses, or generating new knowledge or developing new procedures or practices. This category includes basic research grants and clinical trials.

C--Clinical Service
Use this category for grants and contracts that provide for clinical treatment of individual patients or for a person to act as medical director of a clinical facility or service. Do not use this category for any clinical service that generates RVUs through UPA or VA. The G/C dollars in this category will be divided by the FTEs in this category to obtain a measure of clinical productivity in this category.

E--Education
Use this category for all grants and contracts that primarily serve to further the education and training mission of the institution by providing direct educational experiences (e.g., CME, Grand Rounds); implementing, evaluating, or improving educational systems or processes or improving teachers' skills; providing support for educational systems or activities; evaluating educational outcomes; or other education-related activities.

N--Non-Mission-Specific (Administrative) (Previously called "Non-Clinical Service")
Use this category for grants and contracts that do not directly further any of the three mission areas, even though they may broadly fit into one or more of the mission areas. Examples of grants and contracts in this category would be:

1. HRRC services
2. Journal Editing
3. Administrative Support
4. Program Reviews
MASTER AGREEMENTS

Clinical Trial Agreements

- Abbott Labs Master Clinical Trial Agreement (13048) (end date: 10/28/12)
- ACRIN – American College of Radiology Imaging Network – CTA Participation Agreement (12613) (12/31/11)
- Amgen Inc. (10170) (open-ended)
- Amgen, Inc Master 3-way Clinical trial agreement (NMCCA/Cancer Center) (13399) (open-ended)
- Bayer Corporation (10569) (end date: 12/31/12)
- Biogen Idec (14352) (end date: 6/29/2015)
- Dialysis Clinic, Inc. – Master Clinical Trial Agreement subcontract (Funds out) (template) (15533) (open-ended)
- Dialysis Clinic, Inc. – Master Clinical Trial subcontract (Funds in) (template) (15536) (open-ended)
- Discovery Life Sciences, Inc – Master Clinical Research Services Agreement (16130) (Dorin) (4/3/16)
- Duke University – Master Clinical Trial Agreement (10024) (open-ended)
- Duke University CTA Site Participation Agreement (11740) (open ended) (ACOSOG/U10 grant specific)
- Duke – Rapid Start Network (Contracts) (15738) (open ended) (Arora)
- Duke – Rapid Start Network (Grants) (15737) (open ended) (Arora)
- DuPont Pharmaceuticals Co. (15333) (open-ended)
- Eli Lilly Research Laboratories (9978) (open-ended)
- EMD Serono Labs Inc. (9951) (open ended)
- Genetech Inc. - Master Clinical Research Agreement (10478) (end date: 8/4/2013)
- Genzyme – Master Clinical Study Agreement (13070) (open-ended)
- GlaxoSmithKline (10747) (open-ended)
- Hoffman LaRoche, Inc. (11348) (open-ended)
- InterMune Inc. (6465) (open-ended)
- Love:ace Respiratory Research Institute (14348) (end date: 5/31/2015)
- Millenium Pharmaceuticals (NMCCA – Cancer Center) 14508) (open-ended)
- National Childhood Cancer Foundation Master Clinical Trial Subaward Agreement (11452) (end date: 2/28/2013)
- New Mexico Cancer Care Alliance (Cancer Center) (8318) (open-ended)
- Novartis Pharmaceuticals Corporation (15427) (12/1/2015)
- Novo Nordisk Fonden Master Clinical Trial Agreement (13053)
- Pfizer Investigator Initiated Research Agreement (9595) (end date: 6/12/11)
- Pediatric Oncology Group (POG) Master Site Participation Agreement (15437)(open ended)
- Sanofi-Aventis Pharmaceuticals (11838) (end date: 2/8/2014)
- Takeda (TAP) Pharmaceuticals North America (9924) (open-ended)

**Other Agreements**

- Arizona State University – Master Material Transfer Agreement (14572)(open-ended)(Ford/plasmid-specific)
- Arysta Life Science North America Corporation (Rayburn)(9658) (open-ended)
- Baxter Healthcare – Master Collaborative Agreement (Prasad)(10249)
- Bioscan - Master Research Agreement (Norenberg)(10446)(end date: 4/30/12)
- Cell Cyte Genetics - Master Research Agreement (Norenberg)(10274)(end date: 4/20/2012)
- Cerner Corp – Master Research Agreement (Smyth)(10986)(10986)
- Cook, Inc. – Master Confidential Disclosure Agreement-(18084)(2099)
- Dialysis Clinic – Master Confidential Disclosure Agreement - TEMPLATE (14621)
- ERRG, Inc (Lewis)(11271)(end date: 2/1/2013)
- Exagen Corp. - Master Technology Development Agreement (10023)(open ended)
- Harvard Institute of Proteomics – Master MTA (11835)(open-ended)
- Los Alamos National Laboratory CRADA (Sub out) (9512)(end date: 11/7/2011)
- Los Alamos National Laboratory Master (10090) (end date: 4/23/12)
- Lovelace Respiratory Research Institute Testing Services Agreement (12658)(open-ended)
- Lovelace Respiratory Research Institute Master Research Agreement (11650) (end date: 6/30/2013)
- Luminex - Master Research Agreement (7997) (open-ended)
- Mayo Clinic – NCCTG Research Base Agreement (Cancer Center) (10908)(open-ended)
- Merk & Co, Inc. Master CDA Template (12963)
- Microsoft – Master Confidentiality Agreement (9557)(open-ended)
- Nano MR - Master Research Agreement (Sillerud)(10906)(12/31/12)
- New Mexico Department of Health – Master Services Agreement (for state contracts) (16774)(6/30/19)
- NIH – Master Material Transfer Agreement(Assays)(MLPCN/Sklar)(11817)(9/7/11)
° NIH – Master Material Transfer Agreement (Compounds)(MLPCN/Sklar)11818)(9/14/14)
° NIH – Master Transfer Agreement Dashboard (17748) (open-ended)
° NIH/National Institute of Allergy and Infectious Diseases – Master Base Contract for UNM Modeling Center (Lovchik)(3/21/17)
° NSABP - Master Agreement Prevention & Treatment Trials/Federal & Industry (Cancer Center) (10563 – NMX-01 – 6/30/00 but still in use)(10565 – TIND-228)
° Optum Health – Master Services Agreement (14372)(open-ended)
° Quintiles, Inc. – Master Confidential Disclosure Agreement (8319)(open-ended)
° Sandia National Laboratories – Master Purchase Agreement (17121)(end date: 12/31/2016)
° SC Liver Research Consortium – Master Agreement (5958)(open-ended)
° Southwest Oncology Group (SWOG) (12574)(open-ended)
° Southwest CARE Center, Inc. – Master Affiliation Agreement (9134)(open-ended)
° SRI International (16066)(02/27/14)(Wu)
° TriCore Reference Labs Master Intellectual Property Agreement (12662)(3/24/14)
° Valles Caldera Trust (9835) (4/18/2014)
HELPFUL LINKS
Helpful Links:

Congressional Districts:  http://nationalatlas.gov/printable/congress.html#nm (will tell you which cities are in which district of New Mexico and US)

NIH Electronic Submissions: http://era.nih.gov/ElectronicReceipt/ (explains how to do electronic submissions with practice applications and how to avoid most common errors)

eRA Electronic Research Administration: http://era.nih.gov/ (explains what eRA is, this is not the Commons website where you login to check the status of applications or submit esnaps.)

eRA Commons: https://commons.era.nih.gov/commons/ (this is where you login to submit esnaps, upload JIT information, and check status of applications.)


NIH Grant Application Basics: http://grants.nih.gov/grants/grant Basics.htm (explains the basics of submitting to NIH)

Requires NIH Prior Approval:  http://grants.nih.gov/grants/policy/nihgps_2001/part_iia_5.htm (this site explains when a change to an awarded grant may need prior approval)


UNM Board of Regents Policy Manual:  http://www.unm.edu/~brpm/

UNM Big Red Policies: http://www.unm.edu/~ubppm/index.html

Export Control:  http://research.unm.edu/exportcontrol/ (if need, has great information on what an export control is and where to find further information)

NIH COI FAQ: http://grants.nih.gov/grants/policy/coifaq.htm#bl (this policy helps guide the UNM policy on COI and this is why we have the key personnel fill out COI forms)

UNMHSC Eligibility:  http://hsc.unm.edu/som/academicaffairs/Pl&HRRC_eligibility.shtml (explains when an individual can be a PI)

UNM Financial and Audit Reports:  http://www.unm.edu/~conweb/finrep.html