

UNTHSC FACT SHEET FOR GRANT AND CONTRACT APPLICATIONS (Revised March 2009)

APPLICANT ORGANIZATION: UNT Health Science Center *at Fort Worth*
3500 Camp Bowie Blvd.
Fort Worth, Texas 76107-2699

OFFICIAL SIGNING FOR APPLICANT ORGANIZATION: LeAnn S. Forsberg, Director
Office of Grant and Contract Management
3500 Camp Bowie Blvd.
Fort Worth, Texas 76107-2699
817 735-5073 phone 817 735-0375 fax
email: ogcmext@hsc.unt.edu

ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE: LeAnn S. Forsberg, Director
Office of Grant and Contract Management
(see above address)

AWARD LETTER AND CHECKS PAYABLE TO: UNT Health Science Center *at Fort Worth*
Checks and Awards to be sent to: LeAnn S. Forsberg, Director, OGCM
(see above address)

TYPE OF ORGANIZATION: Public/State/Institution of Higher Learning

FEDERAL ENTITY ID NUMBER (EIN): 1756064033A1
(for use on NIH & NSF applications)

FEDERAL TAX ID NUMBER (TIN): 756064033

COGNIZANT AGENCY: DEPT OF HEALTH & HUMAN SERVICES
Shon D. Turner
214-767-3267

GOVERNMENTAL DISTRICTS: 12th Federal Congressional District
For completing SF424 grants.gov apps TX-012
99th State House District
12th State Senatorial District

INSTITUTIONAL PROFILE NUMBER: 6108502

NATIONAL SCIENCE FOUNDATION SUBMITTING INSTITUTION CODE: 0097683000

DUN AND BRADSTREET NUMBER: 110091808

DUNS #: 110091808 (additional zeros ok if needed)

COMMERCIAL AND GOVERNMENT ENTITY (CAGE CODE): 1PUY5

FICE CODE: 009768

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ASSURANCES

Human Subjects	Federal Wide Assurance #: FWA00005755 Expiration Date – 11/01/09
Vertebrate Animals	Animal Welfare Assurance #: A3711-01 Expiration Date – 11/30/2012 AAALAC Certification #: 000622 AAALAC Certification Date: 07/11/08 Expiration Date: 07/10/2011 USDA Registration #: 74-R-0081 Expiration Date: 05/20/10
Radioactive Materials	TX Department of State Health Services License #: L02518 Expiration Date: 05/31/14

FRINGE BENEFIT RATES

8.942% - Part time employees* (20 hours or less per week)
17.442% - Full-time employees – plus group insurance

**Temporary employees and hourly student employee fringe benefits are estimated at an average of 8.942% of wages without any insurance contribution. Temporary employees are defined by state law as non-student employees who work less than 50% time (20 hours or less per week) or work 50% or more time for less than 4.5 months total during the fiscal year.*

GRADUATE STUDENTS

All graduate students who are being paid as employees of UNTHSC should be classified as follows:

TITLE	APPOINTMENT	SALARY	IN-STATE TUITION	HEALTH INSURANCE	FRINGES
Graduate Teaching Assistant	50%	100 % FTE= Doctoral = \$36,312 Masters = \$28,312	Yes	Yes	8.942% of salary + health insurance
Senior Graduate Teaching Assistant	50%	100% FTE = \$43,312	Yes	Yes	8.942% of salary + health insurance
Graduate Research Assistant	50%	100% FTE = \$36,312	Yes	Yes	8.942% of salary + health insurance
Graduate Research Assistant	Less than 20 hrs./week	Doctoral = \$17.46/hr		No	8.942% of salary
Senior Graduate Research Assistant	Less than 20 hrs./week	\$19.86/hr		No	8.942% of salary

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Salary Limitation on Grants, Cooperative Agreements, and Contracts

Effective January 1, 2009: \$196,700.00

NIH STIPEND LEVELS ARE AS FOLLOW

Undergraduates in the MARC and COR Programs

Freshmen/Sophomores	\$ 7,812
Juniors/Seniors	\$ 10,956

Predoctoral \$ 20,772

Postdoctoral

Years of Experience

0.....	\$ 36,996
1.....	\$ 38,976
2.....	\$ 41,796
3.....	\$ 43,428
4.....	\$ 45,048
5.....	\$ 46,992
6.....	\$ 48,852
7 or more.....	\$ 51,036

FACILITIES AND ADMINISTRATIVE COSTS (F&A/INDIRECT COSTS)

Date of Agreement with DHHS: 03/19/2009

Federally negotiated rates as follow:

- 45% of Modified Total Direct Costs (MTDC) – Organized Research.
- 45% of Modified Total Direct Costs (MTDC) – Instruction.
- 39% of Modified Total Direct Costs (MTDC) – Other Sponsored Activities.
- 26% of Modified Total Direct Costs (MTDC) – Off-Campus All Programs.

MTDC = Modified Total Direct Cost, consisting of all salaries and wages, fringe benefits, materials, supplies, services, travel and subgrants up to the first \$25,000 subgrant or subcontract (regardless of the period covered by the subgrant or subcontract). Modified total direct costs shall EXCLUDE equipment of \$5,000 or more, capital expenditures, charges for patient care, tuition remission, rental costs of off-site facilities, scholarships, and fellowships as well as the portion of the subgrant or subcontract in excess of \$25,000.

HEALTH INSURANCE OPTIONS AND CONTRIBUTION RATES *FOR PART-TIME EMPLOYEES (PTE) AND GRADUATE TEACHINGS ASSISTANTS (GRD)* (Effective since 09/01/06)

	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Health Select of Texas	\$ 180.28	\$ 283.30	\$ 249.26	\$ 352.27
Member pays	180.26	489.30	387.18	696.23

HEALTH INSURANCE OPTIONS AND CONTRIBUTION RATES FOR FULL-TIME EMPLOYEES (FTE) (Effective 09/01/06)

	Employee Only	Employee & Spouse	Employee & Children	Employee & Family
Health Select of Texas	\$ 360.54	\$ 566.57	\$ 498.49	\$ 704.52
Member pays	0.00	206.03	137.95	343.98