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

OFFICIAL SIGNING FOR  
APPLICANT ORGANIZATION:    LeAnn S. Forsberg, Assistant Vice President  
Office of Grant and Contract Management  
3500 Camp Bowie Blvd.  
Fort Worth, Texas  76107-2699  
817 735-5073 phone 817 735-0375 fax  
e mail: ogcmext@unthsc.edu

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

AWARD LETTER AND CHECKS  
PAYABLE TO:    UNT Health Science Center  
Checks and Awards to be sent to:    LeAnn S. Forsberg, Assistant Vice President, 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  
214-767-3261

GOVERNMENTAL DISTRICTS:    12th Federal Congressional District  
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

SAM NUMBER:    1PUY5

FICE CODE:   009768

IRB CERTIFICATION NUMBER:   00000702  
INSTITUTIONAL ORG NUMBER:   0000415
UNTHSC FACT SHEET FOR GRANT AND CONTRACT APPLICATIONS  
(Revised October 2017)

NIH DIVISIONS:  
Overall Medical (GSBS, TCOM)  
School of Public Health (Self Explanatory)  
School of Allied Health Professions  
(Physical Therapy, Physician Assistant Studies)

ASSURANCES

Human Subjects  
Federal Wide Assurance #: FWA00005755  
Expiration Date – 02/15/2020  
IRB Certification Number: 00000702  
Institutional ORG Number: 0000415

Vertebrate Animals  
Animal Welfare Assurance #: D16-00417 (A3711-01)  
Expiration Date – 11/30/2020  
AAALAC Certification #: 000622  
AAALAC Certification Date: 07/06/2017  
Expiration Date: 07/06/2020  
USDA Registration #: 74-R-0081  
Expiration Date: 05/20/2019

Radioactive Materials  
TX Department of State Health Services  
License #: L02518  
Expiration Date: 05/31/2024

FRINGE BENEFIT RATES

8.700% - Part time employees* (20 hours or less per week)  
15.450% - Full-time employees – TRS-plus group insurance  
17.150% - Full-time employees – ORP-plus group insurance

*Temporary employees and hourly student employee fringe benefits are estimated at an average of 9.806% 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:

<table>
<thead>
<tr>
<th>TITLE</th>
<th>APPOINTMENT</th>
<th>SALARY (2017)</th>
<th>IN-STATE HEALTH</th>
<th>TUITION INSURANCE</th>
<th>FRINGES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduate Teaching Assistant</td>
<td>50%</td>
<td>100% FTE= Doctoral = $52,368 Masters = $28,312</td>
<td>Yes</td>
<td>Yes</td>
<td>8.700% of salary + health insurance</td>
</tr>
<tr>
<td>Senior Graduate Teaching Assistant</td>
<td>50%</td>
<td>100% FTE = $53,424</td>
<td>Yes</td>
<td>Yes</td>
<td>8.700% of salary + health insurance</td>
</tr>
<tr>
<td>Graduate Research Assistant</td>
<td>Less than 20 hrs./week</td>
<td>Doctoral = $21.89/hr</td>
<td>No</td>
<td>8.700% of salary</td>
<td></td>
</tr>
<tr>
<td>Senior Graduate Research Assistant</td>
<td>Less than 20 hrs./week</td>
<td>$23.33/hr</td>
<td>No</td>
<td>8.700% of salary</td>
<td></td>
</tr>
</tbody>
</table>
Salary Limitation on Grants, Cooperative Agreements, and Contracts funded by PHS entities.
$187,000 Effective January 08, 2017

Tuition/fees for a PhD student, taking 30SCH a year is approximately $5000.

NIH STIPEND LEVELS ARE AS FOLLOW
Undergraduates in the MARC Programs

Juniors/Seniors                $ 12,336
Predoctoral                   $ 26,184

Postdoctoral

<table>
<thead>
<tr>
<th>Years of Experience</th>
<th>Stipend</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>$ 47,484</td>
</tr>
<tr>
<td>1</td>
<td>$ 47,844</td>
</tr>
<tr>
<td>2</td>
<td>$ 48,216</td>
</tr>
<tr>
<td>3</td>
<td>$ 50,316</td>
</tr>
<tr>
<td>4</td>
<td>$ 52,140</td>
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<tr>
<td>5</td>
<td>$ 54,228</td>
</tr>
<tr>
<td>6</td>
<td>$ 56,400</td>
</tr>
<tr>
<td>7 or more</td>
<td>$ 58,560</td>
</tr>
</tbody>
</table>

FACILITIES AND ADMINISTRATIVE COSTS (F&A/INDIRECT COSTS)
Date of Agreement with DHHS: 06/04/2013

Federally negotiated rates as follow:
- 46% of Modified Total Direct Costs (MTDC) – Organized Research.
- 39% of Modified Total Direct Costs (MTDC) – Instruction.
- 33% 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 09/01/2016)

<table>
<thead>
<tr>
<th></th>
<th>Employee Only</th>
<th>Employee &amp; Spouse</th>
<th>Employee &amp; Children</th>
<th>Employee &amp; Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Select of Texas</td>
<td>$ 308.65</td>
<td>$ 485.49</td>
<td>$ 427.05</td>
<td>$ 603.89</td>
</tr>
<tr>
<td>Member pays</td>
<td>$ 308.65</td>
<td>$ 839.17</td>
<td>$ 663.85</td>
<td>$ 1,194.37</td>
</tr>
</tbody>
</table>

HEALTH INSURANCE OPTIONS AND CONTRIBUTION RATES FOR FULL-TIME EMPLOYEES (FTE) (Effective 09/01/13)

<table>
<thead>
<tr>
<th></th>
<th>Employee Only</th>
<th>Employee &amp; Spouse</th>
<th>Employee &amp; Children</th>
<th>Employee &amp; Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Select of Texas</td>
<td>$ 617.30</td>
<td>$ 970.98</td>
<td>$ 854.10</td>
<td>$ 1,207.78</td>
</tr>
<tr>
<td>Member pays</td>
<td>0.00</td>
<td>$ 353.68</td>
<td>$ 236.80</td>
<td>$ 590.48</td>
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