## UNTHSC FACT SHEET FOR OFFICE OF SPONSORED PROGRAMS APPLICATIONS
(Revised May 2021)

| **APPLICANT ORGANIZATION:** | UNT Health Science Center  
3500 Camp Bowie Blvd.  
Fort Worth, Texas 76107-2699 |
|-------------------------------|--------------------------------------------------------------------------------|
| **OFFICIAL SIGNING FOR**     | Angelita Treviño, MS, Executive Director,  
Office of Sponsored Programs  
3500 Camp Bowie Blvd.  
Fort Worth, Texas 76107-2699  
817 735-5073 phone 817 735-0375 fax  
e-mail: ospext@unthsc.edu |
| **ADMINISTRATIVE OFFICIAL TO** | Angelita Treviño, MS, Executive Director,  
Office of Sponsored Programs  
(see above address) |
| **BE NOTIFIED IF AWARD IS MADE:** | Angelita Treviño, MS, Executive Director,  
Office of Sponsored Programs  
(see above address) |
| **AWARD LETTER AND CHECKS**  | UNT Health Science Center  
Checks and Awards to be sent to: Angelita Treviño, MS, Executive Director,  
(see above address) |
| **PAYABLE TO:**              | Public/State/Institution of Higher Learning |
| **TYPE OF ORGANIZATION:**    | 1756064033A1 |
| **FEDERAL ENTITY ID NUMBER (EIN):** | 756064033 |
| **(for use on NIH & NSF applications)** | DEPT OF HEALTH & HUMAN SERVICES  
Denise Shirlee  
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 |

Office of Sponsored Programs – Ext. 5073
NIH DIVISIONS:
Overall Medical (GSBS, TCOM)
School of Public Health (Self Explanatory)
School of Allied Health Professions (Physical Therapy, Physician Assistant Studies)
College of Pharmacy

ASSURANCES
Human Subjects
Federal Wide Assurance #: FWA00005755
Expiration Date – 02/10/2025
IRB Certification Number: 00000702
Institutional ORG Number: 0000415

Vertebrate Animals
Animal Welfare Assurance #: D16-00417 (A3711-01)
Expiration Date – 11/30/2024
AAALAC Certification #: 000622
AAALAC Certification Date: 06/10/2020
Expiration Date: 06/10/2023
USDA Registration #: 74-R-0081
Expiration Date: 05/20/2022

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

FRINGE BENEFIT RATES
8.650% - Part time employees* (20 hours or less per week)
23% - Full-time employees – Faculty Members
33% - Full-time employees – Staff Members

*Temporary employees and hourly student employee fringe benefits are estimated at an average of 8.650% 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.

FACILITIES AND ADMINISTRATIVE COSTS (F&A/INDIRECT COSTS)
Date of Agreement with DHHS: 01/30/2020
Federally negotiated rates as follow:
- 46% of Modified Total Direct Costs (MTDC) – Organized Research.
- 40% of Modified Total Direct Costs (MTDC) – Instruction.
- 34% 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 (MTDC) means all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel, and up to the first $25,000 of each subaward (regardless of the period of performance of the subawards under the award). MTDC excludes equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of $25,000.