Board of Governors
American Recovery and Reinvestment Act of 2009 (ARRA)
State Fiscal Stabilization Fund (SFSF) Program – Education Stabilization and Discretionary Funds
Program-Specific Assurances

By submitting this application bearing the signature of the president, the university hereby certifies adherence to the following assurances.

☑ The university will implement the program in accordance with State Law, and consistent with the principles guiding the distribution and use of these funds:

A. Spend funds quickly to save and create jobs.

B. Use the funds for education and general expenditures to mitigate the need to raise tuition and fees for in-state students.

C. Insure transparency, reporting, and accountability.

D. Invest one-time ARRA funds thoughtfully to minimize the “funding cliff”.

Additionally, the university assures that:

☑ None of the funds received through the SFSF will be used (Section 14004):

A. To increase the university endowment.

B. For maintenance of systems, equipment, or facilities.

C. For modernization, renovation, or repair of stadiums or other facilities primarily used for athletic contests or exhibitions or other events for which admission is charged to the general public.

D. For modernization, renovation or repair of facilities used for sectarian instruction or religious worship; or in which a substantial portion of the functions of the facilities are subsumed in a religious mission.
• The university shall only use SFSF program funds for activities authorized by the ARRA or for modernization, renovation, or repair of university education facilities that are primarily used for instruction, research, or student housing, including modernization, renovation, and repairs that are consistent with a recognized green building rating system.

• For any project funded through the SFSF, the university will comply with Section 1605 of the ARRA (requiring the use of American iron, steel, and manufactured goods) and Section 1606 of the American Recovery and Reinvestment Act of 2009 (requiring compliance with federal prevailing wage requirements).

• The university will promptly refer to an appropriate inspector general any credible evidence that a principal, employee, agent, contractor, sub-grantee, subcontractor, or other person has submitted a false claim under the False Claims Act (31 U.S.C. § 3729 - 3733) or has committed a criminal or civil violation of laws pertaining to fraud, conflict of interest, bribery, gratuity, or similar misconduct involving SFSF funds.

Certification:

I hereby certify that H. Lee Moffitt Cancer Center & Research Institute, Inc. (university) will adhere to each of the assurances specified above.

Janene Culumber
Name (printed)

Signature (must be original)  Date

Chief Financial Officer
Title

BOG 102
May 22, 2009 2
FLORIDA BOARD OF GOVERNORS
PROJECT APPLICATION

Please return to:
Florida Board of Governors
Attn: Tim Jones
Room 1652 Turlington Building
332 West Gaines Street
Tallahassee, Florida 32399-0400
Telephone: (850) 245-0466

A) Program Name: State Fiscal Stabilization Fund
Program – Discretionary

BOG USE ONLY
Date Received
6/15/2009

B) Name and Address of University:
H. Lee Moffitt Cancer Center & Research Institute, Inc.
12902 Magnolia Dr. (MCC-VP)
Tampa, FL 33612

C) Total Funds Requested:
$ 1,526,584.00

D) University Contact Information
Contact Name: Janene Culumber
Mailing Address: 12902 Magnolia Dr (MCC-VP), Tampa,
FL 33612
Telephone Number: 813-745-1329
SunCom Number:
Fax Number: 813-745-3868
E-mail Address: Janene.culumber@moffitt.org

CERTIFICATION

I, ____________________, (Please Type Name) do hereby certify that all facts, figures, and representations made in this application are true, correct, and consistent with the statement of general assurances and specific programmatic assurances for this project. Furthermore, all applicable statutes, regulations, and procedures; administrative and programmatic requirements; and procedures for fiscal control and maintenance of records will be implemented to ensure proper accountability for the expenditure of funds on this project. All records necessary to substantiate these requirements will be available for review by appropriate state and federal staff. I further certify that all expenditures will be obligated on or after the effective date and prior to the termination date of the project. Disbursements will be reported only as appropriate to this project, and will not be used for matching funds on this or any special project, where prohibited.

Further, I understand that it is the responsibility of the university to obtain from its board of trustees the authorization for the submission of this application.

E) ____________________, Signature of University President

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May 22, 2009
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<table>
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<th>(1) Activity</th>
<th>(2) Object Code</th>
<th>(3) Account Title and Description</th>
<th>(4) FTE Positions</th>
<th>(5) Amount</th>
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<td>Salaries</td>
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**JOB CODES:**

FACULTY—22
NDR FACULTY—UNIVERSITY IBI
UF—10 FSU—20 FAMU—50 UCF—50 USF—50
UCF—50 FAU—50 UWF—70 FIU—50 UNF—50 FGCU—50
UF (IPAS)—11 UF (HLTH/MED)—12 FSU (HLTH/MED)—21
UWF (HLTH/MED)—41 USF (HLTH/MED)—51 FIU (HLTH/MED)—81