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 Florida International University will adhere to each of the assurances specified above.

Modesto A. Maidique

Name (printed)

Signature (must be original) Date

President

Title

Bog 102
May 22, 2009
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 – Education Stabilization Fund

B) Name and Address of University:
Florida International University
University Park, PC 528
11200 SW 8th Street
Miami, FL 33199

Project Number (DOE Assigned)

C) Total Funds Requested:
$ 13,320,386

DOE USE ONLY
Total Approved Project:
$ 13,320,386

D) University Contact Information
Contact Name: Douglas Wertzok
Mailing Address:
11200 SW 8th Street, PC 526
Miami, FL 33199

Telephone Number:
305-348-2151
SunCom Number:
441-2151
Fax Number:
305-348-2994
E-mail Address:
Wertzok@fiu.edu

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
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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.

________________________
Signature of University President

BOG 100A
May 22, 2009
Page 1 of 2
### FLORIDA BOARD OF GOVERNORS
**BUDGET NARRATIVE FORM**

A) Florida International University  
Name of University

B)  
Project Number: (DOE USE ONLY)

### Proposed Budget - Education

<table>
<thead>
<tr>
<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>Non Faculty Positions</td>
<td>110</td>
<td>Salary and Wages</td>
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**E) TOTAL** $13,260,886

**JOB CODE:**

- FACULTY—22
- NON FACULTY—UNIVERSITY (8):
  - UF—10  FDU—20  FAMU—30  UCF—40  USF—50
  - NCF—55  FAU—60  UWF—70  FIU—80  UNF—90  FGCU—95
  - UF (FAS)—11  UF (HLTH/MED)—12  FDU (HLTH/MED)—21
  - UCF (HLTH/MED)—41  USF (HLTH/MED)—51  FIU (HLTH/MED)—81

BOG 101-ED
## FLORIDA BOARD OF GOVERNORS
### PROJECT APPLICATION

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

<table>
<thead>
<tr>
<th>A) Program Name:</th>
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<tbody>
<tr>
<td>State Fiscal Stabilization Fund Program – Discretionary</td>
<td>Date Received</td>
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<tr>
<td></td>
<td>0-1509 (He)</td>
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**B) Name and Address of University:**
Florida International University  
University Park, PC 528  
11200 SW 8th Street  
Miami, FL 33199

**Project Number (DOE Assigned):**

<table>
<thead>
<tr>
<th>C) Total Funds Requested:</th>
<th>D) University Contact Information</th>
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<tbody>
<tr>
<td>$ 930,149</td>
<td>Contact Name: Douglas Wartzok</td>
</tr>
</tbody>
</table>
|                           | Mailing Address: 11200 SW 8 Street, PC 526  
|                           | Miami, FL 33199                   |
|                           | Telephone Number: 305-348-2151    |
|                           | SunCom Number: 441-2151           |
|                           | Fax Number: 305-348-2994          |
|                           | E-mail Address: Wartzok@fiu.edu   |

**DOE USE ONLY**
Total Approved Project: $ __________

**CERTIFICATION**

I, Modesto A. Maidique ______, (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

---

BOG 100B  
May 22, 2009  
Page 1 of 2
## Proposed Budget - Discretionary

<table>
<thead>
<tr>
<th>(1) Activity</th>
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### JOB CODE:

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- NON-FACULTY—UNIVERSITY IB:
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  - FSU—20
  - FAU—30
  - UCF—40
  - USF—50
  - NCF—55
  - FAMU—60
  - UF—70
  - FAU—80
  - UF—90
  - FGCU—95
- UF (FAS)—11
  - UF (HLTH/MEDE)—12
  - FSU (HLTH/MEDE)—21
- UCF (HLTH/MEDE)—41
  - USF (HLTH/MEDE)—51
  - FIU (HLTH/MEDE)—81

(E) TOTAL: $930,149
**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 – Education Stabilization Fund

**B) Name and Address of University:**

Florida International University
College of Medicine
University Park, PC 528
11200 SW 8th Street
Miami, FL 33199

**D) University Contact Information**

<table>
<thead>
<tr>
<th>Contact Name:</th>
<th>Mailing Address:</th>
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<tbody>
<tr>
<td>Douglas Wartzok</td>
<td>11200 SW 8th Street, PC 526</td>
</tr>
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<td>Miami, FL 33199</td>
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<tbody>
<tr>
<td>305-348-2994</td>
<td><a href="mailto:Wartzok@fiu.edu">Wartzok@fiu.edu</a></td>
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</tbody>
</table>

**C) Total Funds Requested:**

$ 839,377

**DOE USE ONLY**

Total Approved Project:

$ 839,377

**CERTIFICATION**

I, ______________, Modesto A. Maidique, (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]

BOG 100A
May 22, 2009
Page 1 of 2
FLORIDA BOARD OF GOVERNORS
BUDGET NARRATIVE FORM

A) Florida International University - College of Medicine
   Name of University

B) Project Number: (OUE USE ONLY)

Proposed Budget - Education

<table>
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<th>(1) Activity</th>
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<td>Non faculty positions</td>
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(E) TOTAL $839,877.00

JOB CODE:

FACULTY—22
NON FACULTY—UNIVERSITY (BI):
UF—10 PSU—20 FAMU—30 UCF—40 USF—50
UCF—55 FAU—60 UWF—70 FIU—80 UNF—90 FGCU—95
UF (IPAS)—11 UF (HLTH/MED)—12 PSU (HLTH/MED)—21
UCF (HLTH/MED)—41 USF (HLTH/MED)—51 FIU (HLTH/MED)—81

BGC 101-ED
May 22, 2009
FLORIDA BOARD OF GOVERNORS
PROJECT APPLICATION

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</tr>
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<td>College of Medicine</td>
<td></td>
</tr>
<tr>
<td>University Park, PC 526</td>
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<tr>
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<tr>
<td>$ 27,028</td>
<td>Contact Name:</td>
</tr>
<tr>
<td></td>
<td>Douglas Wartzok</td>
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<td></td>
<td>Mailing Address:</td>
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<td><a href="mailto:Wartzok@fiu.edu">Wartzok@fiu.edu</a></td>
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DOE USE ONLY
Total Approved Project: $

CERTIFICATION

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E) ____________________________
   Signature of University President

BOG 100B
May 22, 2009
## Proposed Budget - Discretionary

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<tr>
<td>Non Faculty positions</td>
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<td>27,028</td>
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### Job Code:
- FACULTY—22
- NON FACULTY—UNIVERSITY (B):
  - UF—10 FSU—20 FAMU—30 UCF—40 USF—90
  - NCF—45 FIU—60 UF—70 FL—80 UF—90 FGCU—95
  - UF (FAS)—11 UF (HLTH/MED)—12 FSU (HLTH/MED)—21
  - UCF (HLTH/MED)—41 USF (HLTH/MED)—51 FIU (HLTH/MED)—81

BOG 101-016
May 22, 2008