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 State University __________ (university) will adhere to each of the assurances specified above.

T.K. Wetherell
Name (printed)

[Signature]
Signature (must be original)

6-15-09
Date

President
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
322 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 State University
211 Westcott Building
Tallahassee, Florida 32306

Bog USE ONLY
Date Received
6-15-09

C) Total Funds Requested:
$ 19,799,857

D) University Contact Information
Contact Name: Ralph Alvarez
Mailing Address: 214 Westcott Building
Telephone Number: 850-644-6080
Fax Number: 850-644-4447
E-mail Address: ralvarez@admin.fsu.edu

CERTIFICATION

1. T.K. Wetherell, (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
## 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 Position(s)</th>
<th>(5) Amount</th>
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(E) TOTAL: $19,799,857.00
**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

B) Name and Address of University:  
Florida State University  
212 Westcott Building  
Tallahassee, Florida 32306

<table>
<thead>
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<th>C) Total Funds Requested:</th>
<th>D) University Contact Information</th>
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<tbody>
<tr>
<td>$1,382,604</td>
<td>Contact Name: Ralph Alvarez</td>
</tr>
</tbody>
</table>
|                          | Mailing Address: 214 Westcott Building  
                          | Tallahassee, Florida 32306       |
|                          | Telephone Number: 850-644-6080    |
|                          | Fax Number: 850-644-4447          |
|                          | SunCom Number:                    |
|                          | E-mail Address: ralvarez@admin.fsu.edu |

**CERTIFICATION**

I, T.K. Wetherell, (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.

Signature of University President

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

<table>
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<tr>
<th>(3) 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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<tr>
<td>Instruction and Research</td>
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</tbody>
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**Job Code: FACULTY—22**  
NON FACULTY—UNIVERSITY IBI:  
UF—10  FSU—20  FAMU—30  UCF—40  USF—60  
NCF—58  FAU—60  UFV—70  UNF—90  FGCU—95  
UF (IFAS)—11  UF (HLTH/MED)—12  FSU (HLTH/MED)—21  
UCF (HLTH/MED)—41  USF (HLTH/MED)—51  FIU (HLTH/MED)—81

**(E) TOTAL: $1,382,604.00**
# 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 State University College of Medicine  
1115 West Call Street  
Tallahassee, Florida 32306

**C) Total Funds Requested:**
$ 2,792,427

**D) University Contact Information**
- **Contact Name:** Ralph Alvarez  
- **Mailing Address:**  
  214 Westcott Building  
  Tallahassee, Florida 32306
- **Telephone Number:** 850-644-4444  
  SunCom Number:
- **Fax Number:** 850-644-4447  
  E-mail Address: ralvarez@admin.fsu.edu

**CERTIFICATION**

I, T.K. Wetherell, (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.

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Signature of University President

BOG 100A  
May 22, 2009

Page 1 of 2
# Proposed Budget - Education

<table>
<thead>
<tr>
<th>(2) Activity</th>
<th>(3) Account Title and Description</th>
<th>(4) FTE Positions</th>
<th>(5) Amount</th>
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| (E) TOTAL | 2,792,427.00 |

**JOB CODE:**

- FACULTY—22
- NON FACULTY—UNIVERSITY III:
  - UF—25
  - FSU—20
  - FAMU—20
  - UFV—40
  - USF—95
  - NCF—55
  - FAUI—80
  - UFV—70
  - UF—80
  - UFV—90
  - FGCU—85
- UF (FAS)—11
- UF (H/TH/MED)—12
- FSU (H/TH/MED)—21
- UF (H/TH/MED)—41
- USF (H/TH/MED)—81
- FGCU (H/TH/MED)—81

**BOG 101-ED**

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 – Discretionary

B) Name and Address of University:
Florida State University College of Medicine
1115 West Call Street
Tallahassee, Florida 32306

C) Total Funds Requested:
$ 209,205

D) University Contact Information
Contact Name: Ralph Alvarez
Mailing Address: 214 Westcott Building
Tallahassee, Florida 32306
Telephone Number: 850-644-4444
SunCom Number:
Fax Number: 850-644-4447
E-mail Address: ralvarez@admin.fsu.edu

CERTIFICATION

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(Signature of University President)

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

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</thead>
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(E) TOTAL $209,205.00

### JOB CODE:

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NON FACULTY—UNIVERSITY (B):
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NCF——55  FAU——60  UWF——70  FIU——80  UNF——90  FGCU——95
UF (IFAS)—11  UF (HLTH/MED)—12  FSU (HLTH/MED)—21
UF (HLTH/MED)—41  USF (HLTH/MED)—51  FIU (HLTH/MED)—81