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 University of Central Florida (university) will adhere to each of the assurances specified above.

______________________________
Dr. Terry Hickey
Name (printed)

__________________________
Signature (must be original)   6/11/09

Provost and Executive Vice President/Acting President per attached letter dated 06/05/2009
Title
June 5, 2009

The Honorable Richard Walsh
Chair
UCF Board of Trustees
Knobhill Group, President
1030 N. Orange Avenue
Suite 200
Orlando, FL 32801

Dear Rick:

I will be out of the office from June 8-12. In my absence, Terry Hickey will serve as acting president from June 8 through noon on June 11 and Bill Merck will serve the afternoon of June 11 and on June 12.

My staff will be able to reach me while I am away. Call Sandy Cherepow at 407-823-2484 if you need anything at all.

Cordially yours,

[Signature]

John C. Hitt
President

JCH/sc

c: Terry Hickey
Bill Merck
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

BOG USE ONLY
Date Received: 10-11-09

B) Name and Address of University:
University of Central Florida
4000 Central Florida Blvd.
Orlando, Fl. 32816

Project Number (DOE Assigned):

C) Total Funds Requested:
$ 17,137,189

D) University Contact Information
Contact Name: Ms. Tracy Clark
Mailing Address: 12424 Research Parkway, Suite 300
Orlando, Fl. 32826

Telephone Number: 407-882-1000
SunCom Number: n/a
Fax Number: 407-882-1102
E-mail Address: taclark@mail.ucf.edu

CERTIFICATION

I, Terry Hickey, (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 100A
May 22, 2009
Page 1 of 2
### 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>
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(E) TOTAL $ 17,137,185.00
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:
University of Central Florida
4000 Central Florida Blvd.
Orlando, FL 32816

C) Total Funds Requested:
$ 1,196,672

D) University Contact Information
Contact Name:
Ms. Tracy Clark
Mailing Address:
12424 Research Parkway, Suite 300
Orlando, FL 32826
Telephone Number:
407-882-1000
SunCom Number:
n/a
Fax Number:
407-882-1102
E-mail Address:
taclarke@mail.ucf.edu

CERTIFICATION

1. Dr. Terry Hickey, (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
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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

TAPS Number

Date Received: 11-29-09

Project Number (DOE Assigned)

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

<table>
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<th>(1) Activity</th>
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**Total** $1,196,672.00

**JOB CODE:**

FACULTY—22  
NON FACULTY—UNIVERSITY IBI:  
UF—13  
FSU—20  
FAMU—30  
UCF—40  
USF—50  
NCF—55  
FAU—60  
UWF—70  
FU—80  
UF—90  
FSU—95  
UF (H/TH/ME)—11  
FSU (H/TH/ME)—12  
UF (H/TH/ME)—21  
UCF (H/TH/ME)—41  
USF (H/TH/ME)—51  
FU (H/TH/ME)—81
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:
University of Central Florida
College of Medicine
4600 Central Florida Blvd.
Orlando, FL 32816

D) University Contact Information
Contact Name: Ms. Tracy Clark
Mailing Address: 12424 Research Parkway, Suite 300
Orlando, FL 32826
Telephone Number: 407-882-1000
Fax Number: 407-882-1102
E-mail Address: talclark@mail.ucf.edu

C) Total Funds Requested: $ 646,365

DOE USE ONLY
Total Approved Project: $

CERTIFICATION

I, Dr. Terry Hickey, (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 100A
May 22, 2009 Page 1 of 2
## Proposed Budget - Education

<table>
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<tr>
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**Total** $648,365.00

---

**JOB CODE:**

FACULTY—22
NON FACULTY—UNIVERSITY 00:
UF—10 FSU—20 FAU—30 UCF—40 UF-50
MCF—55 FAU—60 UNF—70 FSU—80 UF-90 FGCU—95
UF (PAS)-11 UF (HLTH/MED)—12 FSU (HLTH/MED)—21
UCF (HLTH/MED)—41 USF (HLTH/MED)—51 FSU (HLTH/MED)—81
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:

University of Central Florida
College of Medicine
4000 Central Florida Blvd.
Orlando, FL 32816

BOG USE ONLY

Date Received
6-11-09

D) University Contact Information

Contact Name:
Ms. Tracy Clark

Mailing Address:
12424 Research Parkway, Suite 300
Orlando, FL 32826

Telephone Number:
407-882-1000

SunCom Number:
n/a

Fax Number:
407-882-1102

E-mail Address:
taclark@mail.ucf.edu

C) Total Funds Requested:
$ 48,471

D) Total Approved Project:

E) Certification

1. ____________________________, (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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E) ____________________________

Signature of University President

BOG 100B
May 22, 2009

Page 1 of 2
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**Job Code:**

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