PREAWARD TRAINING

SAMPLES
NSF Fastlane Password Registration

If you have not been registered in the NSF database, please complete and submit the form below.

You will receive an e-mail from NSF telling you that you have been registered. You will also receive an e-mail from OSP telling you what your password is.

If you have forgotten your password, contact Lorraine Holland by telephone at 860-486-4010 or by e-mail for a new password.

Investigator Information

*First Name: ___________________________ MI: ___________ *Last Name: ___________________________
Suffix (Jr., Sr., III):

*E-mail: ___________________________________________ Must be a valid UConn e-mail address

*Phone # (10 digits):
Fax # (10 digits):

*Department:

*Highest Earned Degree: [Select One]

*Year: ____________________________________________

Previous Account

*Indicate if you have a previously registered FASTLANE account with another institution:

☐ Yes ☐ No

Submit Form
NIH eCommons Account Registration

If you have not been registered in NIH eCommons, please complete and submit the form below. You will receive an e-mail directly from NIH with your username and password.

Principal Investigator Information

*First Name: ____________________  MI: ____________________  *Last Name: ____________________

*E-mail: _______________________________  Must be a valid UConn e-mail address

*Date of Birth: ____________________  Must be in the format MM/DD/YYYY

*SSN - Last 4 digits

The last 4 digits of your Social Security Number

Other Information

*Have you received funding of any kind from any of the NIH institutes as either a PI, Co-PI, or other designation? This includes NIH funding on a sub-award from another institution.

☐ Yes  ☐ No

If YES, please provide us with the Institute/Center identifier and the award number. Only one is needed.

Example: 5 R01 HD 123456

Submit Form

Submit

© 2005 University of Connecticut Disclaimers & Copyright Statements

Office for Sponsored Programs
438 Whitney Road Extension, Unit 1133
Storrs, CT 06269-1133

Last Updated: Tuesday, August 7th, 2007 @ 10:46:42 am
The following should be submitted 5 business days prior to sponsor deadline:

☐ PROPOSAL GUIDELINES FROM THE SPONSORING AGENCY
Please provide the guidelines, agency forms, and certifications (if applicable).

☐ INTERNAL PROPOSAL REVIEW FORM
  o Required Approvals for Cost Share/Matching (if applicable): http://www.osp.uconn.edu/prop_guidelines.php#bdgt_costshare

☐ SIGNIFICANT FINANCIAL INTEREST REVIEW FORM
In order to comply with federal regulations regarding potential conflict of interest, please secure forms for all personnel in the proposal: http://www.osp.uconn.edu/document.php?id=135

☐ PROPOSAL COVER SHEET
If the agency does not provide a proposal cover sheet, please use one of the forms below. Frequently requested information for completing cover pages can be found at: http://www.osp.uconn.edu/quickfacts.php
  o Sponsored Programs Face Sheet: http://www.osp.uconn.edu/document.php?id=81

☐ PROPOSAL NARRATIVE, PROJECT SUMMARY, ABSTRACT OR DESCRIPTION
Describe the objectives, methodology and significance of the proposed project. Draft copies are acceptable until submission to the agency.

☐ BUDGET
Provide an estimate of expenses for each budget category. Include cost sharing/matching only if it is specifically required by the funding agency. Necessary information on budget preparation can be found at: http://www.osp.uconn.edu/budgetprep.php. Upon request to PreAward Services, budgets can be reviewed by submitting draft budget, justification and guidelines prior to submission of the full proposal to OSP.

☐ BUDGET JUSTIFICATION
A detailed explanation for all items listed in the budget should be included. A comprehensive list of budget categories and justifications can be found at: http://www.osp.uconn.edu/prop_guidelines.php-bdgt_cat.

☐ ADDITIONAL ITEMS (if applicable)
Sponsors may require additional items such as, Bibliography, Curriculum Vitae, Current & Pending Support, Consultant Letters, etc.

☐ SUBCONTRACTS (if applicable)
Please provide a statement of work, budget and budget justification, and an institutional letter of approval or intent from each subcontractor’s authorized representative. Questions regarding sponsored program agreements should be referred to Contract Services at 486-4336.

☐ COMPLIANCE (if applicable)
The Office of Research Compliance (ORC) can assist you in obtaining appropriate review and approval of research areas involving Animal Use, Human Subjects and/or Biohazards. ORC can be reached at 486-8802.

For your convenience, the above items can be hand delivered, faxed to the attention of PreAward Services at 486-3726 or emailed to preaward@uconn.edu.
NSF FASTLANE SUBMISSION CHECKLIST

Please provide a copy of your proposal to OSP at least 5 business days before the due date. We understand that parts of your proposal may be in draft form and not uploaded in the Fastlane at that time. Final permission to submit should be given no later than 4pm on the due date.

OSP Requirements:

✓ Forward Internal Proposal Review Form and Significant Financial Interest Review Form(s) for all key personnel. The completed form(s) can be faxed to PreAward Services at 486-3726.

✓ Provide the NSF program guidelines and the sponsor due date.

✓ Allow SRO Access to your proposal in Fastlane EARLY in the development process. Go to the Proposal Actions screen and click “Allow SRO Access.” Give us access rights preferably to View, Edit, and Submit. At a minimum, we must have View and Edit access. We will NEVER submit your proposal until you give us explicit confirmation that your proposal is ready for submission.

Fastlane Requirements:

✓ The following typefaces and a black font color must be used: Times New Roman with a font size of 11 points or larger; or Arial, Courier New, Palatino Linotype with a font size of 10 points or larger. The type density, including characters and spaces, must be no more than 15 characters per inch and no more than 6 lines of type per inch. Margins in all directions must be at least one inch.

✓ Each section of the proposal uploaded as a file must be individually paginated. Fastlane does not automatically paginate a proposal.

✓ The Project Summary must contain separate statements on (1) intellectual merit of the proposed activity and (2) the broader impacts resulting from the proposed activity. The Project Description must also contain a statement regarding the broader impact resulting from the proposed activity.

✓ The Biographical Sketch(es) must be in the NSF required format. Refer to page II-9 of the NSF Grant Proposal Guide for formatting requirements. Personal information should not be included on the Biosketch or submitted with the proposal.

✓ The present proposal must be listed in the Current and Pending Support section for the PI and all Senior Personnel.

✓ Letters of support should not be submitted with a proposal, unless required in the specific program solicitation.

✓ For collaborative proposals submitted by one organization, a single award is requested with subawards administered by the lead organization. Separate budget pages and budget justification should be uploaded in the “budget” section for the non lead organization. A Consortium Statement signed by the organization’s authorized official should be uploaded in the “supplementary documents” section.

✓ For collaborative proposals submitted by multiple organizations, separate awards are requested. The project title must begin with the words “Collaborative Research:” The project summary, project description and references cited are the same for all collaborating organizations and should be included in the lead organization’s proposal submission only. To submit the collaborative proposal, the lead organization must “Link” the proposals prior to submission. Refer to page II-21 of the Grant Proposal Guide for instructions on linking and submitting proposals.

Every effort is made to assure that each application is complete and in compliance with the sponsor’s guidelines. When applications are received close to the deadline, it is not possible to review each application for the above detail, especially at high volume deadlines. We hope the above information will assist you in meeting NSF’s requirements.

NSF Fastlane Checklist, Rev 12/14/07
INTERNAL PROPOSAL REVIEW FORM

Submission Date: Receipt
Postmark
Other

PRINCIPAL INVESTIGATOR (PI) AND SPONSOR INFORMATION:

<table>
<thead>
<tr>
<th>PI Name</th>
<th>Emp. #</th>
<th>Dept. Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>U-Box #</td>
<td>Pl Tele #</td>
<td>Fax #</td>
</tr>
<tr>
<td>Co-Investigator 1 Name</td>
<td>Emp. #</td>
<td>Co-Investigator 2 Name</td>
</tr>
<tr>
<td>Sponsor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project Start Date</td>
<td>End Date</td>
<td>Total Request $</td>
</tr>
<tr>
<td>Title</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PROJECT INFORMATION: Please indicate involvement with a check in all appropriate blocks

USE OF COST CENTERS AND OTHER SPECIAL CIRCUMSTANCES

- G. Institute of Materials Science
- P. Booth Research Center
- U. Biotechnology Center
- X. Advanced Technology Institute

- Y. Environmental Research Inst.
- Z. Photonics Center
- AA. Ctr for Survey Res and Analysis
- Other UConn Center(s) Check if PI is affiliated with a center and the proposed activity is related to that center. More than one center may be ID’d.

SPECIAL CLEARANCES

- A. Human Subjects
- B. Animal Subjects
- C. Radioactive Substances
- D. Controlled Substances
- E. Recombinant DNA
- F. Biohazardous Substances

Other Special Circumstances (Please check appropriate blocks)

- Yes
- No

- No Financial Conflict of Interest; See http://www.uconn.edu/its/uconn211431 for policy details and relevant forms.
- Yes
- No

- No Service-For-A-Fee Agreement
- Yes
- No

- No International Activity

- Yes
- No

S. Collaborators/Sub-Contractors: If checked, a signed letter of intent to participate in the proposed project must be provided by the Collaborator/Sub-Contractor before the proposal can be submitted. Name(s) [ ]

INSTITUTIONAL COST SHARE AND OTHER FINANCIAL COMMITMENTS: Detail here any and all commitments made on behalf of any entity of the University listed or described in the budget or described in the proposal narrative.

( % Academic Effort = % Cost Shared + % Recovered in Budget)

- Principal Investigator
  - % AY Effort:
  - Cost Shared
  - %
  - Recovered in Budget
  - %

- Co-Investigator 1
  - % AY Effort:
  - Cost Shared
  - %
  - Recovered in Budget
  - %

- Co-Investigator 2
  - % AY Effort:
  - Cost Shared
  - %
  - Recovered in Budget
  - %

Personnel: $ $
Equipment: $ $
Other: $ $

Signature (or initials, if signing below)

APPROVALS: We certify that we have reviewed the attached proposal and find that it is consistent with the policies and mission of the university and the sponsoring agency and that the information is accurate and complete. If funded, we will accept responsibility for the financial plan described, and will manage the project as proposed. Separate signatures required above for cost sharing commitments.

- Pi
  - Date
  - Dept Head
  - Date
  - Dean
  - Date

- CO-1
  - Date
  - Dept Head
  - Date
  - Dean
  - Date

- CO-2
  - Date
  - Dept Head
  - Date
  - Dean
  - Date

FOR OFFICE USE ONLY

- Type
  - A. Research
  - B. Fellowship
  - C. Instruction

- Source of Funding
  - D. Construction
  - E. Public Service
  - G. Other

- Status of Project
  - Federal
  - State
  - Private Foundation
  - Corporate
  - Other

Proposal #
- PI #
- Dept #
- Co-Investigator 1
- Co-Investigator 2
- OSP Initials
- CFDA#
- Date
- IDC Rate
University of Connecticut

Significant Financial Interest Review Form (Revised October, 2006)

Faculty/Staff Name
Department/Unit
College/School
Proposal Title
Proposal Submitted to

In order to comply with the federal regulations regarding potential conflicts of interest, each Investigator shall disclose, prior to the submission of a proposal, all significant financial interest*:

- **that may affect the activity proposed in this project; or**
- **in an external sponsor or business enterprise whose financial interests may be affected by such activity.**

*(Significant financial interests are defined as interests or projected annual income valued at greater than $10,000 or an equity or ownership interest of more than five percent held by an Investigator and the Investigator's spouse or dependent.) For greater detail, see page 2 of this form or http://www.rac.uconn.edu/conflict.html.

☐ I do not have such significant financial interest* associated with the research proposal listed above.

OR:

I do have such significant financial interest* in the form of: (Check All That Apply)

☐ Salary or other payment for services (e.g., consulting fees or honoraria). The term does not include salary, royalties or other remuneration from the University of Connecticut.

☐ Equity interests (e.g., stocks, stock options, or other ownership interests).

☐ Intellectual property rights (e.g., patents, copyrights, and royalties from such rights).

☐ Other significant financial interest* of the Investigator that possibly could affect or be perceived to affect the results of the research, educational, or service activities funded or proposed for funding.

**Further I agree to:**

- **submit**, at the same time as I am requested to submit the Supplemental Significant Financial Interest Disclosure Form, all my current Consulting Approval Forms.

- **update** this disclosure during the period of the award as new reportable significant financial interests* are obtained;

- **participate** in the development of a Management Plan should there be a conflict situation, as per the policy cited on page 2 of this form, that requires management. (Frequently, disclosure is sufficient management.)

Does This Research Involve Human Subjects?  YES ☐  NO ☐
Does This Research Involve Animal Subjects?  YES ☐  NO ☐

Signed: ___________________  Date: ____________

My signature also attests that I am familiar with the policy cited on page 2 of this form.

Original signature only – a “per” signature is not acceptable.

A conflict must be reviewed and managed in order to access award funds.

OSP# ______________________

10/11/06
The University’s Financial Disclosure Policy

What is Required?
Federal regulations require institutions to have policies and procedures in place that ensure that Investigators disclose any significant financial interest that may present an actual or potential conflict of interest in relationship to externally sponsored projects. Such disclosures must be made prior to the submission of a proposal for funding, and institutions must develop specific mechanisms by which conflicts of interest will be satisfactorily managed, reduced, or eliminated prior to the expenditure of any funds on an award. If a new reportable significant conflict of interest arises at any time during the period after the submission of the proposal through the period of the award, the filing of a disclosure is also required.

Who is Covered?
“Investigator” means the principal investigator/project director, co-principal investigators, and any other person at the University who is responsible for the design, conduct, or reporting of research, educational, or service activities funded, or proposed for funding, by an external sponsor. In this context, the term “Investigator” includes the Investigator’s spouse and dependent children.

What Must be Disclosed?
Each Investigator shall disclose, prior to the submission of a proposal, all significant financial interests that would reasonably appear to be affected by the research, educational, or service activities funded, or proposed for funding, by an external sponsor; or in a business whose financial interests would reasonably appear to be affected by such activities.

What is Covered?
“Significant Financial Interests” means anything of monetary value, including, but not limited to, salary or other payments for services (e.g., consulting fees or honoraria); equity interests (e.g., stocks, stock options, or other ownership interests); and intellectual property rights (e.g., patents, copyrights, and royalties from such rights). The term does not include:
1. Salary, royalties, or other remuneration from the University of Connecticut;
2. Income from seminars, lectures, or teaching engagements sponsored by public or nonprofit entities;
3. Income from services on advisory committees or review panels for public or nonprofit entities;
4. Equity interest that when aggregated for the Investigator and the Investigator’s spouse and dependent children, meets both of the following tests: does not exceed $10,000 in value as determined through reference to public prices or other reasonable measures of fair market value, or, constitutes more than a five percent ownership interest in any single entity;
5. Salary, royalties or other payments that when aggregated for the Investigator and the Investigator’s spouse and dependent children over the next twelve months, are not to exceed $10,000.

Disclosure Procedures:
1. All Investigators must disclose their significant financial interests utilizing the Significant Financial Interest Disclosure Form. The completed form must be signed by the Investigator and submitted with the proposal to the Office for Sponsored Programs (OSP). Should supplemental financial disclosure information be required, it will be requested by, and, in confidence, reported to the Office of the Vice Provost for Research, the designated campus official for conflict of interest, and reviewed by the Conflict of Interest Committee.
2. In accordance with federal regulations, a complete disclosure must be made by the Investigator(s) prior to submission of the proposal to the sponsor.
3. Resolutions to conflicts of interest will be incorporated into a Management Plan developed by the Management Committee in concert with the Investigator and the Conflict of Interest Committee prior to expenditure of any award funds.

10/11/06
NIH CERTIFICATION FORM

Principal Investigator: ________________________________

Sponsor: ________________________________

Project Title: ________________________________

➢ Does this application fall under the new NIH Multiple PI Award?  □ Yes  □ No  (If yes, see #7 below)
  Contact PI Name: ________________________________

➢ Is this application a Progress Report?  □ Yes  □ No  (If yes, see #8 & #9 below)

CERTIFICATIONS
My signature certifies that:
1. The information submitted within this application is true, accurate, and complete to the best of my knowledge.
2. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties.
3. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of the application.
4. If an award is made, I am responsible for compliance with award terms and conditions and university policies and procedures; particularly for the technical conduct of the work, submission of technical reports, regulatory compliance and financial management.
5. I am aware of federal requirements on lobbying. I am in compliance and have disclosed any lobbying activity.
6. I am NOT debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from current transactions by a federal department or agency.
7. If this application involves multiple PIs, I agree to the leadership plan as described in the application.
8. If this progress report involves multiple PIs, I agree to all sections of the report.
9. If this application is a progress report, I verify there has been no change in the information submitted on OSP's Internal Proposal Review form and Significant Financial Disclosure forms submitted with the original application. If there have been changes, I understand new forms must be submitted to OSP.

Signature: ________________________________  Date: ____________

InfoEd # ________________________________  FRS#: ________________________________
(completed by OSP)  (If applicable)

Rev. 6/29/07
# SUBRECIPIENT CHECKLIST AND CONSORTIUM STATEMENT

OMB Circular A-110, Subpart C, paragraphs 26 and 51(a) require prime recipients of Federal funds to monitor subawards to ensure subrecipients meet the audit requirements in OMB Circular A-133 and are using funds in accordance with applicable laws, regulations and terms of the award. Since our subrecipient monitoring responsibilities start at the proposal stage, we ask for your cooperation in completing this form. Once completed, please print on your institution’s letterhead and return by fax or scan to Pre-Award Services (860-486-3726; preaward@uconn.edu). For questions, call or email Pre-Award Services (860-486-3622; preaward@uconn.edu).

| SPONSOR NAME |  |
| SUBRECIPIENT INSTITUTION NAME |  |
| ADMINISTRATIVE OFFICE ADDRESS |  |
| CITY | STATE | ZIP |
| DUNS # | PHONE | FAX |
| EMAIL | URL |  |
| ADMINISTRATIVE CONTACT |  |
| PRINCIPAL INVESTIGATOR |  |
| DEPARTMENT |  |
| UCONN PRINCIPAL INVESTIGATOR |  |
| PROJECT TITLE |  |
| PERIOD OF PERFORMANCE | TOTAL SUBRECIPIENT COSTS | Direct Costs $ | F&A $ |
| / / to / / | $ |  |

## REQUIRED CERTIFICATIONS

| Institution has implemented a written policy for Investigator Financial Disclosure and Conflict of Interest consistent with PHS and NSF requirements | □ Yes □ No |
| Subrecipient or Subrecipient Principal Investigator Debarred or Suspended | □ Yes □ No |
| Human Subjects | □ Yes □ No | Animal Subjects | □ Yes □ No | Human Stem Cells | □ Yes □ No |

**REQUIRED DOCUMENTS HAVE BEEN SUBMITTED**

| Budget and Budget Justification | □ Yes □ No | Scope of Work | □ Yes □ No |

The appropriate program and administrative personnel of the institution involved in this application are aware of the sponsoring agency’s guidelines and are prepared to establish the necessary inter-institutional agreement(s). The institution makes all applicable assurances/certifications.

Principal Investigator                        Authorized Representative Signature

Name:       Name:
Title:      Title:
             
Date       Date
Calculating Person Months

To use the chart insert the percent effort that you want to convert and press calculate. The person months for 3, 9, 10, and 12 will be calculated.

<table>
<thead>
<tr>
<th>% Effort</th>
<th>3 Month Summer Term</th>
<th>9 Month Academic Year</th>
<th>10 Month Appointment</th>
<th>12 Month Calendar Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>PM</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
</tbody>
</table>

To fill out the budget forms for the SF 424 R&R grantees will need to convert percent-of-effort to person-months. Below are two examples of how person-months are applied:

**Example 1:**
A PI on an AY appointment at a salary of $63,000 will have a monthly salary of $7,000 (one-ninth of the AY). 25% of AY effort would equate to 2.25 person-months \( (9 \times 0.25 = 2.25) \). The budget figure for that effort would be $15,750 \( (7,000 \text{ multiplied by } 2.25 \text{ AY months}) \).

**Example 2:**
A PI on a CY appointment at a salary of $72,000 will have a monthly salary of $6,000 (one-twelfth of total CY salary). 25% of CY effort would equate to 3 CY months \( (12 \times 0.25 = 3) \). The budget figure for that effort would be $18,000 \( (6,000 \text{ multiplied by } 3 \text{ CY months}) \).
May 23, 2007

Mr. Paul R. McDowell
Controller
University of Connecticut
343 Mansfield Road, Unit 2112
Storrs, CT 06269-2112

Dear Mr. McDowell:

A negotiation agreement is being faxed to you for signature. This agreement reflects an understanding reached between your institution and a member of my staff concerning the rates or amounts that may be used to support your claim for costs on grants and contracts with the Federal Government. The agreement must be signed by a duly authorized representative of your institution and faxed to me; retain a copy for your file. Our fax number is (212) 264-5478. We will reproduce and distribute the agreement to awarding agencies of the Federal Government for their use.

Requirements for adjustments to costs claimed under Federal Grants and Contracts resulting from this negotiation are dependent upon the type of rate contained in the negotiation agreement. Information relating to these requirements is enclosed.

In consideration of this negotiation, the following was agreed to:

1. The carry-forward under-recovery of $120,484 resulting from the settlement of your actual Full-Time and Part-Time Continuing employees fringe benefit rate for fiscal year ended June 30, 2006 will be taken into consideration in computing the actual Full-Time and Part-Time Continuing employees fringe benefit rate for your fiscal year ending June 30, 2008.

2. The carry-forward over-recovery of ($99,521) resulting from the settlement of your actual Temporary Faculty employee fringe benefit rate for fiscal year ended June 30, 2006 will be taken into consideration in computing the actual Temporary Faculty employee fringe benefit rate for your fiscal year ending June 30, 2008.

3. The carry-forward over-recovery of ($33,810) resulting from the settlement of your actual Temporary Graduate employee fringe benefit rate for fiscal year ended June 30, 2006 will be taken into consideration in computing the actual Temporary Graduate employee fringe benefit rate for your fiscal year ending June 30, 2008.
4. The carry-forward over-recovery of ($323) resulting from the settlement of your actual Student Labor employee fringe benefit rate for fiscal year ended June 30, 2006 will be taken into consideration in computing the actual Student Labor employee fringe benefit rate for your fiscal year ending June 30, 2008.

5. The carry-forward under-recovery of $2,099 resulting from the settlement of your actual Graduate Assistant employee fringe benefit rate for fiscal year ended June 30, 2006 will be taken into consideration in computing the actual Graduate Assistant employee fringe benefit rate for your fiscal year ending June 30, 2008.

6. The carry-forward over-recovery of ($174,725) resulting from the settlement of your actual Alternate Retirement employee fringe benefit rate for fiscal year ended June 30, 2006 will be taken into consideration in computing the actual Alternate Retirement employee fringe benefit rate for your fiscal year ending June 30, 2008.

7. The carry-forward under-recovery of $293 resulting from the settlement of your actual Teacher’s Retirement employee fringe benefit rate for fiscal year ended June 30, 2006 will be taken into consideration in computing the actual Teacher’s Retirement employee fringe benefit rate for your fiscal year ending June 30, 2008.

8. Your fringe benefit proposal for your fiscal year ending June 30, 2007 will be due by December 31, 2007.

A proposal encompassing all activities of your institution together with the required supporting information must be submitted to my office at the address shown on page 3 for each fiscal year your institution claims costs under grants and contracts awarded by the Federal Government. This proposal is due within six months after the close of your fiscal year. Therefore, a proposal for fiscal year ending June 30, 2009 will be due in my office not later than December 31, 2009. The proposal will be used to establish rates/amounts for the fiscal year subsequent to the last period covered by an approved final, fixed, or predetermined rate(s). Failure to submit a timely proposal will be interpreted as a forfeiture of reimbursement for indirect costs. Therefore, unless a proposal is received by December 31, 2009, future awards made by the Department of Health and Human Services will be for direct costs only and will not provide for the recovery of costs contained in this agreement. In addition, the costs claimed against awards already made may be subject to disallowances.
Mr. Paul R. McDowell

If you are unable to submit your proposal by the prescribed date, you may request an extension. This request must be submitted prior to the due date of the proposal and must contain a justification for the extension and the date the proposal will be submitted.

Your proposal and relevant correspondence should be addressed to:

Department of Health and Human Services
Division of Cost Allocation
26 Federal Plaza, Room 41-122
New York, New York 10278
(212) 264-1823

In addition, please acknowledge your concurrence with the comments and conditions cited above by signing this letter in the space provided below and FAX (212-264-5478) it to me with the enclosed negotiation agreement.

Sincerely,

Robert I. Aaronson
Director, Division of Cost Allocation

Enclosures

Concurrence:

Paul R. McDowell
Name

Controller
Title

5/25/07
Date
COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN #: 060772160

INSTITUTION:
University of Connecticut
343 Mansfield Road, Unit 2112
Storrs CT 06269-2112

DATE: May 23, 2007
FILING REF#: The preceding Agreement was dated September 25, 2006

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: FACILITIES AND ADMINISTRATIVE COST RATES

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)

<table>
<thead>
<tr>
<th>TYPE</th>
<th>EFFECTIVE PERIOD</th>
<th>RATE(%)</th>
<th>LOCATIONS</th>
<th>APPLICABLE TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRED.</td>
<td>07/01/06 06/30/09</td>
<td>52.0</td>
<td>On-Campus</td>
<td>Research</td>
</tr>
<tr>
<td>PRED.</td>
<td>07/01/09 06/30/10</td>
<td>53.0</td>
<td>On-Campus</td>
<td>Research</td>
</tr>
<tr>
<td>PRED.</td>
<td>07/01/06 06/30/10</td>
<td>26.0</td>
<td>Off-Campus</td>
<td>Research (2)</td>
</tr>
<tr>
<td>PRED.</td>
<td>07/01/06 06/30/10</td>
<td>60.0</td>
<td>On-Campus</td>
<td>Instruction</td>
</tr>
<tr>
<td>PRED.</td>
<td>07/01/06 06/30/10</td>
<td>26.0</td>
<td>Off-Campus</td>
<td>Instruction (2)</td>
</tr>
<tr>
<td>PRED.</td>
<td>07/01/06 06/30/10</td>
<td>30.6</td>
<td>On-Campus</td>
<td>OSA</td>
</tr>
<tr>
<td>PRED.</td>
<td>07/01/06 06/30/10</td>
<td>26.0</td>
<td>Off-Campus</td>
<td>OSA (2)</td>
</tr>
<tr>
<td>PROV.</td>
<td>07/01/10 UNTIL AMENDED</td>
<td>Use same rates and conditions as those cited for fiscal year ending June 30, 2010.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*BASE:
Modified total direct costs, consisting of all salaries and wages, fringe benefits, materials, supplies, services, travel and subgrants and subcontracts up to the first $25,000 of each subgrant or subcontract (regardless of the period covered by the subgrant or subcontract). Modified total direct costs shall exclude equipment, capital expenditures, charges for patient care, student tuition remission, rental costs of off-site facilities, scholarships, and fellowships as well as the portion of each subgrant and subcontract in excess of $25,000.

(1)
INSTITUTION: 
University of Connecticut

AGREEMENT DATE: May 23, 2007

SECTION I: FRINGE BENEFITS RATES**

<table>
<thead>
<tr>
<th>TYPE</th>
<th>EFFECTIVE PERIOD</th>
<th>RATE(%)</th>
<th>LOCATIONS</th>
<th>APPLICABLE TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIXED</td>
<td>07/01/07 06/30/08</td>
<td>61.6</td>
<td>All</td>
<td>Full &amp; Part-Time Cont.</td>
</tr>
<tr>
<td>FIXED</td>
<td>07/01/07 06/30/08</td>
<td>17.4</td>
<td>All</td>
<td>Temporary Faculty</td>
</tr>
<tr>
<td>FIXED</td>
<td>07/01/07 06/30/08</td>
<td>6.2</td>
<td>All</td>
<td>Temporary Graduate</td>
</tr>
<tr>
<td>FIXED</td>
<td>07/01/07 06/30/08</td>
<td>2.7</td>
<td>All</td>
<td>Student Labor</td>
</tr>
<tr>
<td>FIXED</td>
<td>07/01/07 06/30/08</td>
<td>16.3</td>
<td>All</td>
<td>Graduate Assistants</td>
</tr>
<tr>
<td>FIXED</td>
<td>07/01/07 06/30/08</td>
<td>29.7</td>
<td>All</td>
<td>Alternate Retirement</td>
</tr>
<tr>
<td>FIXED</td>
<td>07/01/07 06/30/08</td>
<td>26.7</td>
<td>All</td>
<td>Teacher Retirement</td>
</tr>
<tr>
<td>PROV.</td>
<td>07/01/08 UNTIL AMENDED</td>
<td>58.2</td>
<td>All</td>
<td>Full &amp; Part-Time Cont.</td>
</tr>
<tr>
<td>PROV.</td>
<td>07/01/08 UNTIL AMENDED</td>
<td>19.5</td>
<td>All</td>
<td>Temporary Faculty</td>
</tr>
<tr>
<td>PROV.</td>
<td>07/01/08 UNTIL AMENDED</td>
<td>6.9</td>
<td>All</td>
<td>Temporary Graduate</td>
</tr>
<tr>
<td>PROV.</td>
<td>07/01/08 UNTIL AMENDED</td>
<td>2.8</td>
<td>All</td>
<td>Student Labor</td>
</tr>
<tr>
<td>PROV.</td>
<td>07/01/08 UNTIL AMENDED</td>
<td>16.3</td>
<td>All</td>
<td>Graduate Assistants</td>
</tr>
<tr>
<td>PROV.</td>
<td>07/01/08 UNTIL AMENDED</td>
<td>31.6</td>
<td>All</td>
<td>Alternate Retirement</td>
</tr>
<tr>
<td>PROV.</td>
<td>07/01/08 UNTIL AMENDED</td>
<td>26.5</td>
<td>All</td>
<td>Teacher Retirement</td>
</tr>
</tbody>
</table>

**DESCRIPTION OF FRINGE BENEFITS RATE BASE: Salaries and wages.**
AGREEMENT DATE: May 23, 2007

SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:
The fringe benefits are charged using the rate(s) listed in the Fringe Benefits Section of this Agreement. The fringe benefits included in the rate(s) are listed below.

TREATMENT OF PAID ABSENCES:
Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims for the costs of these paid absences are not made.

(1) The rates in this agreement have been negotiated to reflect the administrative cap provisions of the revision to OMB Circular A-21 published by the Office of Management and Budget on May 8, 1996. No rate affecting the institution's fiscal period beginning on or after October 1, 1991 contains total administrative cost components in excess of that 26 percent cap.

(2) For all activities performed in facilities not owned by the institution and to which rent is directly allocated to the project(s), the off-campus rate will apply. Grants or contracts will not be subject to more than one indirect cost rate. If more than 50% of a project is performed off-campus, the off-campus rate will apply to the entire project.

(3) The Fringe Benefit rates include the following: Unemployment Compensation, Worker's Compensation, Health Services, Group Life Insurance, Social Security, and Medical Insurance. In addition, the full-time rate includes retirement costs. The Alternate Retirement Plan rate includes Alternate Retirement Plan costs. The Temporary and Contractual rate excludes group life insurance and medical insurance. The Graduate Student rate excludes Unemployment Compensation, Group Life Insurance, and Social Security.

(4) The following is a list of the locations to which the On-Campus indirect cost rate is applicable to:
- Storrs - Main Campus
- Greater Hartford Campus:
  - Hartford Branch
  - School of Law
  - School of Social Work
  - School of Insurance
  - Institute of Public Services
- Southeastern Location:
  - Groton, CT
  - Southeastern Branch
  - Marine Services Institute
- Waterbury Branch, Torrington Branch, Stamford Branch

(5) Equipment means an article of nonexpendable, tangible personal property having a useful life of more than one year, and an acquisition cost of $1,000 or more per unit.

This Rate Agreement updates Fringe Benefit Rates only.
INSTITUTION:
University of Connecticut

AGREEMENT DATE: May 23, 2007

SECTION III: GENERAL

A. LIMITATIONS:
The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions:
(1) Only costs incurred by the organization were included in its facilities and administrative cost pools as finally accepted; such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as facilities and administrative costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CIRCUMSTANCES:
This Agreement is based on the accounting system purposed by the organization to be in effect during the Agreement period. Changes in the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from facilities and administrative to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:
If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:
The rates in this Agreement were approved in accordance with the authority in Office of Management and Budget Circular A-21 Circular, and should be applied to grants, contracts and other agreements covered by this Circular, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

E. OTHER:
If any Federal contract, grant or other agreement is reimbursing facilities and administrative costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of facilities and administrative costs allocable to those programs.

BY THE INSTITUTION:
University of Connecticut

(IINSTITUTION)
Paul R. McDowell

(SIGNATURE)
Paul R. McDowell

(NAME)
Controller

(TITLE)
5/25/07

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)
Robert I. Aaronson

(SIGNATURE)
Robert I. Aaronson

(NAME)
DIRECTOR, DIVISION OF COST ALLOCATION

(TITLE)
May 23, 2007

(DATE) 0714

NSW REPRESENTATIVE: Jeffrey Warren
Telephone: (212) 264-2069
Quick Facts: Important Numbers & Often Requested Information

University of Connecticut
Office for Sponsored Programs

Quick Facts: Frequently Requested Information

Organization Information

Official Address
For all proposals, applications and communications

University of Connecticut
Office for Sponsored Programs
438 Whitney Road Ext., Unit 1133
Storrs, CT 06269-1133
Telephone: 860-486-3622
Fax: 860-486-3726
Email: osp@uconn.edu

University Information
Applicant Organization University of Connecticut
Type of Organization State non-profit institution of higher education
Tax Exemption Status 501(c)(1)
Congressional District 2nd

Authorized University Official (Grants and Contracts)
Mary Rydingsward, M.B.A.
Associate Director
Telephone: 860-486-3622
Email: osp@uconn.edu

Authorized University Official (Proposals)
Antje Harnisch, Ph.D.
Manager, Pre-award and Contract Services
Telephone: 860-486-3622
Email: preaward@uconn.edu

Cognizant Agency (Audit & Federal Cost Rate Approval Authority)
U.S. Department of Health and Human Services
Division of Cost Allocation
26 Federal Plaza, Room 41-122
New York, NY 10278
Contact: Mr. Robert I. Aaronson, Director
Telephone: 212-264-1823

Numbers and Codes
CAGE
Commercial and Govt Entity
01NY7

http://www.osp.uconn.edu/quickfacts.php?display=print

1/24/2008
CED
Commercial Establishment Code
61521915B

DUNS
Entity Identification Number
614-20-9054

FICE
Federal Interagency Committee on Education
Storrs – 001417
Stamford – 000061
Waterbury – 000063
Hartford – 000060
Avery Point – 000064
Torrington – 000062

HHS Institutional Profile Number
1506602

NAICS
North American Industry Classification System
611310

NIH Identification
1506602

NSF Awardee Organization Code
0014175000

SIC
Standard Industrial Classification Number
8221

State Agency Business Unit
UOCM1

F & A Rates
The current F & A rates are listed on the Budgeting and Costing Guide.

Cost/Indirect Cost Rate Agreement
Filing date of current agreement
May 23, 2007

Assurance & Compliance
Animal Subjects

Human Subjects – FWA
Federalwide Assurance (FWA)
FWA00007125 (Exp. January 5, 2010)

IRB Organization Number (IORG #)
00000036

Misconduct in Science
Filed 10/1990

NRC Broad Scope License
06-01450-47

NRC Plutonium License
SNM-1889

NRC Sealed Sources License
06-01450-48

2006 State of Connecticut Single Audit Report
OMB Circular A-133 Section

Financial Data

Award Checks
Payable to
University of Connecticut

Mailed to
University of Connecticut
Office for Sponsored Programs
ATTN: JOANNE FREDERICK, FINANCIAL SERVICES MANAGER
438 Whitney Road Ext., Unit 1133

http://www.osp.uconn.edu/quickfacts.php?display=print

1/24/2008
Storrs, CT 06269-1133

Telephone: 860-486-3893
Fax: 860-486-1334 Email: joanne.frederick@uconn.edu

Banking Institution

Bank of America
Government Banking, M/S CT2-507-01-16
175 Addison Road
Windsor, CT 06092
Contact: Ms. Maria Cabral
Telephone: 866-222-1948 x2717
Fax: 800-256-7527 Bank Routing Transit Number: 0119-0057-1
Checking Account Number: 0000054763
Checking Account Title: Treasurer, State of Connecticut

© 2005 University of Connecticut Disclaimers & Copyright Statements

Office for Sponsored Programs
438 Whitney Road Extension, Unit 1133
Storrs, CT 06269-1133

Last Updated: Thursday, January 3rd, 2008 @ 11:59:27 am

http://www.osp.uconn.edu/quickfacts.php?display=print