



Financial Status Report

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<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b> NATIONAL CENTER FOR COMPLEMENTARY & ALTERNATIVE MEDICINE		<b>2. Federal Grant or Other Identifying Number</b> 1U01AT001156-1		
<b>3. Recipient Organization (Name and complete address, including ZIP code)</b> MOUNT SINAI MEDICAL CENTER (MIAMI BEACH) MOUNT SINAI MEDICAL CENTER 4300 ALTON RD MIAMI BEACH, FL 33140-2800 MIAMI BEACH FL 33140		<b>4. Employer Identification Number</b> 		<b>5. Recipient Account Number</b> 7023
<b>6. Final Report</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>7. Basis</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Account		
<b>8. Funding/Grant Period</b> From 08/15/2002 To 02/28/2007		<b>9. Period Covered by this Report</b> From 08/15/2002 To 02/28/2003		
<b>10. Transactions:</b>		Previously Reported	This Period	Cumulative
a. Total outlays		0.00	776,170.00	776,170.00
b. Refunds, rebates, etc		0.00	0.00	0.00
c. Program income used in accordance with the deduction alternative		0.00	0.00	0.00
d. Net outlays (Line a, less the sum of the lines b and c)		0.00	776,170.00	776,170.00
Recipient's share of net outlay, consisting of:				
a. Third Party (in-kind) contributions.		0.00	0.00	0.00
f. Other Federal awards authorized to be used to match this award.		0.00	0.00	0.00
g. Program income used in accordance with the deduction alternative		0.00	0.00	0.00
h. All other recipient outlays not shown on lines e, f or g		0.00	0.00	0.00
i. Total recipient share of net outlays (Sum of lines e, f, g and h)		0.00	0.00	0.00
j. Federal share of net outlays (line d less line i)		0.00	776,170.00	776,170.00
k. Total unliquidated obligations				0.00
l. Recipient's share of unliquidated obligations				0.00
m. Federal share of unliquidated obligations				0.00
n. Total Federal share (sum of lines j and m)				776,170.00
o. Total Federal funds authorized for this funding period				6,207,279.00
p. Unobligated balance of Federal funds (lines o minus line n)				5,431,109.00
Program Income, consisting of:				
q. Disbursed program income shown on lines c and/or g above				0.00
r. Disbursed program income shown on lines c and/or g above				0.00
s. Undisbursed program income				0.00
t. Total program income realized (Sum of lines q, r and s)				0.00
<b>11. Indirect Expense</b>		a. Type of Rate b. Rate 63.00%	Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed <input type="checkbox"/> c. Base 172,418.31	d. Total Amount 108,623.54 e. Total Amount Federal Share 108,623.54
<b>12. Remarks</b>		Carryover Request 0.00		
<b>13. Authorized Official</b>		Name ARTHUR M. DANIEL Title SR. RESEARCH ACCOUNTANT	Telephone (Area code, number, and extension) 305-674-2657	Date Report Submitted 05/27/2003
<b>14. Approved by</b>		Name Chinh Coo	Date Report Accepted 07/02/2003	

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b> NATIONAL CENTER FOR COMPLEMENTARY & ALTERNATIVE MEDICINE		<b>2. Federal Grant or Other Identifying Number</b> 5U01AT001159-2			
<b>3. Recipient Organization (Name and complete address, including ZIP code)</b> MOUNT SINAI MEDICAL CENTER MOUNT SINAI MEDICAL CENTER 4300 ALTON RD MIAMI BEACH, FL 33140-2800 MIAMI BEACH FL 331402800		<b>4. Employer Identification Number</b> [REDACTED]		<b>5. Recipient Account Number</b> 7024	
		<b>6. Final Report</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>7. Basis</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Account	
<b>8. Funding/Grant Period</b> From 08/15/2002		<b>9. Period Covered by this Report</b> To 02/28/2007    From 03/01/2003    To 02/28/2004			
<b>10. Transactions:</b>		Previously Reported	This Period	Cumulative	
a. Total outlays		776,170.00	2,534,237.00	3,310,407.00	
b. Refunds, rebates, etc		0.00	0.00	0.00	
c. Program income used in accordance with the deduction alternative		0.00	0.00	0.00	
d. Net outlays (Line a, less the sum of the lines b and c)		776,170.00	2,534,237.00	3,310,407.00	
Recipient's share of net outlay, consisting of:					
a. Third Party (in-kind) contributions.		0.00	0.00	0.00	
f. Other Federal awards authorized to be used to match this award.		0.00	0.00	0.00	
g. Program income used in accordance with the matching or cost sharing alternative		0.00	0.00	0.00	
h. All other recipient outlays not shown on lines e, f or g		0.00	0.00	0.00	
i. Total recipient share of net outlays (Sum of lines e, f, g and h)		0.00	0.00	0.00	
j. Federal share of net outlays (line d less line i)		776,170.00	2,534,237.00	3,310,407.00	
k. Total unliquidated obligations				0.00	
l. Recipient's share of unliquidated obligations				0.00	
m. Federal share of unliquidated obligations				0.00	
n. Total Federal share (sum of lines j and m)				3,310,407.00	
o. Total Federal funds authorized for this funding period				13,668,952.00	
p. Unobligated balance of Federal funds (lines o minus line n)				10,358,545.00	
Program income, consisting of:					
q. Disbursed program income shown on lines c and/or g above				0.00	
r. Disbursed program income using addition alternative				0.00	
s. Undisbursed program income				0.00	
t. Total program income realized (Sum of lines q, r and s)				0.00	
<b>11. Indirect Expense</b>		a. Type of Rate	Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed <input type="checkbox"/>		
		b. Rate	c. Base	d. Total Amount	e. Total Amount Federal Share
		63.00	652,478.00	348,061.14	348,061.00
<b>Total</b>		63.00	552,478.00	348,061.14	
<b>12. Remarks</b>		Total Federal funds authorized in FSR (hard copy) is incorrect. DFM has sent a correction letter.			Carryover Request 0.00
<b>13. Authorized Official</b>		Name Arthur M. Daniel Title Sr. Res. Accountant	Telephone (Area code, number, and extension) 305-674-2857	Date Report Submitted 05/26/2004	
<b>14. Approved by</b>		Name Chihh Cao	Date Report Accepted 07/19/2004		

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b> NATIONAL CENTER FOR COMPLEMENTARY & ALTERNATIVE MEDICINE		<b>2. Federal Grant or Other Identifying Number</b> SU01AT001156-3		
<b>3. Recipient Organization (Name and complete address, including ZIP code)</b> MOUNT SINAI MEDICAL CENTER MOUNT SINAI MEDICAL CENTER 4300 ALTON RD MIAMI BEACH FL 331402800		<b>4. Employer Identification Number</b> <input type="checkbox"/> EIN 		
		<b>5. Recipient Account Number</b>		
<b>6. Final Report</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>7. Basis</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual		
<b>8. Funding/Grant Period</b> From 08/19/2002 To 02/28/2007		<b>9. Period Covered by this Report</b> From 03/01/2004 To 02/28/2005		
<b>10. Transactions:</b>		Previously Reported	This Period	Cumulative
a. Total outlays		3,310,407.00	4,806,240.48	8,216,647.48
b. Refunds, rebates, etc		0.00	0.00	0.00
c. Program income used in accordance with the deduction alternative		0.00	0.00	0.00
d. Net outlays (Line a, less the sum of the lines b and c)		3,310,407.00	4,806,240.48	8,216,647.48
Recipient's share of net outlay, consisting of:				
e. Third Party (in-kind) contributions		0.00	0.00	0.00
f. Other Federal awards authorized to be used to match this award		0.00	0.00	0.00
g. Program income used in accordance with the matching or cost sharing alternative		0.00	0.00	0.00
h. All other recipient outlays not shown on lines e, f or g		0.00	0.00	0.00
i. Total recipient share of net outlays (Sum of lines e, f, g and h)		0.00	0.00	0.00
j. Federal share of net outlays (Line d less line i)		3,310,407.00	4,806,240.48	8,216,647.48
k. Total unliquidated obligations				0.00
l. Recipient's share of unliquidated obligations				0.00
m. Federal share of unliquidated obligations				0.00
n. Total Federal share (sum of lines j and m)				8,216,647.48
o. Total Federal funds authorized for this funding period				18,150,573.00
p. Unobligated balance of Federal funds (lines o minus line n)				9,933,925.52
Program income, consisting of:				
q. Disbursed program income shown on lines c and/or g above				0.00
r. Disbursed program income using addition alternative				0.00
s. Undisbursed program income				0.00
t. Total program income realized (Sum of lines q, r and s)				0.00
<b>11. Indirect Expense</b>		a. Type of Rate <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Predetermined <input checked="" type="checkbox"/> Final <input type="checkbox"/> Fixed <input type="checkbox"/>		
		b. Rate	c. Base	d. Total Amount
		63.00	388,622.79	244,832.38
<b>Total</b>		63.00	388,622.79	244,832.38
<b>12. Remarks</b>				Carryover Request 0.00
<b>13. Authorized Official</b>		Name Arthur M. Daniel, Sr Title Sr. Res. Accountant	Telephone (Area code, number, and extension) 305-674-2657	Date Report Submitted 11/28/2005
<b>14. Approved by</b>		Name Arlene Griesmer		Date Report Accepted 04/21/2006

Financial Status Report

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<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b> NATIONAL CENTER FOR COMPLEMENTARY & ALTERNATIVE MEDICINE		<b>2. Federal Grant or Other Identifying Number</b> 5U01AT001156-4		
<b>3. Recipient Organization (Name and complete address, including ZIP code)</b> MOUNT SINAI MEDICAL CENTER MOUNT SINAI MEDICAL CENTER 4300 ALTON RD MIAMI BEACH FL 331402800		<b>4. Employer Identification Number</b> <input type="text" value="EIN"/>		
		<b>5. Recipient Account Number</b>		
<b>6. Final Report</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>7. Basis</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual		
<b>8. Funding/Grant Period</b> From 08/15/2002    To 02/28/2007		<b>9. Period Covered by this Report</b> From 03/01/2005    To 02/28/2006		
<b>10. Transactions:</b>		<b>Previously Reported</b>	<b>This Period</b>	<b>Cumulative</b>
a. Total outlays		8,216,647.46	4,473,569.35	12,690,216.81
b. Refunds, rebates, etc		0.00	0.00	0.00
c. Program income used in accordance with the deduction alternative		0.00	0.00	0.00
d. Net outlays (Line a, less the sum of the lines b and c)		8,216,647.46	4,473,569.35	12,690,216.81
Recipient's share of net outlay, consisting of:				
e. Third Party (In-kind) contributions.		0.00	0.00	0.00
f. Other Federal awards authorized to be used to match this award.		0.00	0.00	0.00
g. Program income used in accordance with the matching or cost sharing alternative		0.00	0.00	0.00
h. All other recipient outlays not shown on lines e, f or g		0.00	0.00	0.00
i. Total recipient share of net outlays (Sum of lines e, f, g and h)		0.00	0.00	0.00
j. Federal share of net outlays (line d less line i)		8,216,647.46	4,473,569.35	12,690,216.81
k. Total unliquidated obligations				69,425.00
l. Recipient's share of unliquidated obligations				0.00
m. Federal share of unliquidated obligations				69,425.00
n. Total Federal share (sum of lines j and m)				12,759,641.81
o. Total Federal funds authorized for this funding period				18,150,573.00
p. Unobligated balance of Federal funds (lines o minus line n)				5,390,931.19
Program Income, consisting of:				
q. Disbursed program income shown on lines c and/or g above				0.00
r. Disbursed program income using addition alternative				0.00
s. Undisbursed program income				0.00
t. Total program income realized (Sum of lines q, r and s)				0.00
<b>11. Indirect Expense</b>		<b>a. Type of Rate</b>	Provisional <input type="checkbox"/> Predetermined <input checked="" type="checkbox"/> Final <input type="checkbox"/> Fixed <input type="checkbox"/>	<b>e. Total Amount Federal Share</b> 240,464.01
		<b>b. Rate</b>	<b>c. Base</b>	
		63.00	381,688.91	
<b>Total</b>		63.00	381,688.91	240,464.01
<b>12. Remarks</b>				<b>Carryover Request</b> 0.00
<b>13. Authorized Official</b>		<b>Name</b> Arthur M. Daniel, Sr <b>Title</b> Sr Research Accountant	<b>Telephone (Area code, number, and extension)</b> 305-674-2657	<b>Date Report Submitted</b> 05/10/2006
<b>14. Approved by</b>		<b>Name</b> Arlene Griesmer		<b>Date Report Accepted</b> 06/22/2006

Financial Status Report

File

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b> NATIONAL CENTER FOR COMPLEMENTARY & ALTERNATIVE MEDICINE		<b>2. Federal Grant or Other Identifying Number</b> 5U01AT001156-6		
<b>3. Recipient Organization (Name and complete address, including ZIP code)</b> MOUNT SINAI MEDICAL CENTER - 4300 ALTON RD MIAMI BEACH FL 331402800		<b>4. Employer Identification Number</b> [REDACTED]		
		<b>5. Recipient Account Number</b> 7031		
		<b>6. Final Report</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>7. Basis</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual
<b>8. Funding/Grant Period</b> From 08/15/2002    To 02/28/2010		<b>9. Period Covered by this Report</b> From 03/01/2006    To 09/30/2007		
<b>10. Transactions:</b>		Previously Reported	This Period	Cumulative
a. Total outlays		12,690,216.81	5,460,356.19	18,150,573.00
b. Refunds, rebates, etc		0.00	0.00	0.00
c. Program income used in accordance with the deduction alternative		0.00	0.00	0.00
d. Net outlays (Line a, less the sum of the lines b and c)		12,690,216.81	5,460,356.19	18,150,573.00
Recipient's share of net outlay, consisting of:				
e. Third Party (in-kind) contributions.		0.00	0.00	0.00
f. Other Federal awards authorized to be used to match this award.		0.00	0.00	0.00
g. Program income used in accordance with the matching or cost sharing alternative		0.00	0.00	0.00
h. All other recipient outlays not shown on lines e, f or g		0.00	0.00	0.00
i. Total recipient share of net outlays (Sum of lines e, f, g and h)		0.00	0.00	0.00
j. Federal share of net outlays (line d less line i)		12,690,216.81	5,460,356.19	18,150,573.00
k. Total unliquidated obligations				0.00
l. Recipient's share of unliquidated obligations				0.00
m. Federal share of unliquidated obligations				0.00
n. Total Federal share (sum of lines j and m)				18,150,573.00
o. Total Federal funds authorized for this funding period				18,150,573.00
p. Unobligated balance of Federal funds (lines o minus line n)				0.00
Program income, consisting of:				
q. Disbursed program income shown on lines c and/or g above				0.00
r. Disbursed program income using addition alternative				0.00
s. Undisbursed program income				0.00
t. Total program income realized (Sum of lines q, r and s)				0.00
<b>11. Indirect Expense</b>		a. Type of Rate	Provisional <input type="checkbox"/> Predetermined <input checked="" type="checkbox"/> Final <input type="checkbox"/> Fixed <input type="checkbox"/>	
		b. Rate	c. Base	d. Total Amount
		63.00	370,460.00	233,389.80
<b>Total</b>		63.00	370,460.00	233,389.80
<b>12. Remarks</b>				Carryover Request 0.00
<b>13. Authorized Official</b>		Name ARTHUR M. DANIEL Title SR. ACCOUNTANT	Telephone (Area code, number, and extension) 305-674-2057	Date Report Submitted 10/10/2007
<b>14. Approved by</b>		Name Tanasia Mason	Date Report Accepted 10/16/2007	

Financial Status Report

1. Federal Agency and Organizational Element to Which Report is Submitted <b>NATIONAL HEART, LUNG, AND BLOOD INSTITUTE</b>		2. Federal Grant or Other Identifying Number <b>8U01HL092607-6</b>			
3. Recipient Organization (Name and complete address, including ZIP code) <b>MOUNT SINAI MEDICAL CENTER 4300 ALTON RD MIAMI BEACH FL 331402800</b>		4. Employer Identification Number <b>EN</b>			
		5. Recipient Account Number			
6. Final Report <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7. Basis <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual			
8. Funding/Grant Period		9. Period Covered by this Report			
From <b>03/15/2002</b>	To <b>02/28/2010</b>	From <b>08/01/2007</b>	To <b>02/28/2008</b>		
10. Transactions:		Previously Reported	This Period		
			Cumulative		
a. Total outlays	<b>18,160,573.00</b>	<b>2,872,699.33</b>	<b>21,023,272.33</b>		
b. Refunds, rebates, etc	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>		
c. Program income used in accordance with the deduction alternative	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>		
d. Net outlays (Line a, less the sum of the lines b and c)	<b>18,160,573.00</b>	<b>2,872,699.33</b>	<b>21,023,272.33</b>		
Recipient's share of net outlay, consisting of:					
e. Third Party (in-kind) contributions.	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>		
f. Other Federal awards authorized to be used to match this award.	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>		
g. Program income used in accordance with the matching or cost sharing alternative	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>		
h. All other recipient outlays not shown on lines e, f or g	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>		
i. Total recipient share of net outlays (Sum of lines e, f, g and h)	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>		
j. Federal share of net outlays (line d less line i)	<b>18,160,573.00</b>	<b>2,872,699.33</b>	<b>21,023,272.33</b>		
k. Total unliquidated obligations			<b>0.00</b>		
l. Recipient's share of unliquidated obligations			<b>0.00</b>		
m. Federal share of unliquidated obligations			<b>0.00</b>		
n. Total Federal share (sum of lines j and m)			<b>21,023,272.33</b>		
o. Total Federal funds authorized for this funding period			<b>22,237,490.00</b>		
p. Unobligated balance of Federal funds (line o minus line n)			<b>1,214,177.67</b>		
Program income, consisting of:					
q. Disbursed program income shown on lines c and/or g above			<b>0.00</b>		
r. Disbursed program income using addition alternative			<b>0.00</b>		
s. Undisbursed program income			<b>0.00</b>		
t. Total program income realized (Sum of lines q, r and s)			<b>0.00</b>		
11. Indirect Expense		a. Type of Rate <input type="checkbox"/> Provisional <input checked="" type="checkbox"/> Predetermined <input type="checkbox"/> Final <input checked="" type="checkbox"/> Fixed <input type="checkbox"/>			
	b. Rate	c. Base	d. Total Amount		
	<b>50.00</b>	<b>263,843.00</b>	<b>131,921.50</b>		
	<b>50.00</b>	<b>263,843.00</b>	<b>131,921.50</b>		
	<b>50.00</b>	<b>263,843.00</b>	<b>131,921.50</b>		
12. Remarks		12-18-09 The awarded amounts for years 1-6 were added to the unexpended balance from prior project period box since this HL grant is continuing from grant AT01156. Also, the cumulative expenditures from the AT year 5 FSR were put in the previously reported column on this FSR. In addition, this grant does not have automatic carryover authority so carry over of an unobligated balance into the next budget period requires Grants Management Officer prior approval. This prior approval must be sent to the GMO with a separate request. The carryover request box on the FSR can only contain funds if the grant has automatic carryover authority. Therefore, I took the funds out of the carryover request box since it must remain blank. This FSR is acceptable. (LF) previous years are under grant number AT01156.		Carryover Request <b>0.00</b>	
13. Authorized Official		Name <b>Arthur Daniel</b>	Telephone (Area code, number, and extension) <b></b>		
		Date Report Submitted <b>12/18/2009</b>			

**Financial Status Report**

	<b>Title</b> Sr. Accountant	305-874-2857	
<b>14. Approved by</b>	<b>Name</b> Lori Forgest		<b>Date Report Accepted</b> 12/18/2009

Financial Status Report

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b> NATIONAL HEART, LUNG, AND BLOOD INSTITUTE		<b>2. Federal Grant or Other Identifying Number</b> 5U01HL092607-7		
<b>3. Recipient Organization (Name and complete address, including ZIP code)</b> MCQUIN SINAI MEDICAL CENTER 4300 ALTON RD MIAMI BEACH FL 331402800		<b>4. Employer Identification Number</b> [REDACTED]		
		<b>5. Recipient Account Number</b> 7057		
<b>6. Final Report</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>7. Basis</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual		
<b>8. Funding/Grant Period</b> From 08/15/2002    To 06/31/2008		<b>9. Period Covered by this Report</b> From 03/01/2008    To 05/31/2008		
<b>10. Transactions:</b>		<b>Previously Reported</b>	<b>This Period</b>	<b>Cumulative</b>
a. Total outlays		21,023,272.33	915,826.72	21,939,099.05
b. Refunds, rebates, etc		0.00	0.00	0.00
c. Program income used in accordance with the deduction alternative		0.00	0.00	0.00
d. Net outlays (Line a, less the sum of the lines b and c)		21,023,272.33	915,826.72	21,939,099.05
<b>Recipient's share of net outlay, consisting of:</b>				
e. Third Party (in-kind) contributions.		0.00	0.00	0.00
f. Other Federal awards authorized to be used to match this award.		0.00	0.00	0.00
g. Program income used in accordance with the matching or cost sharing alternative		0.00	0.00	0.00
h. All other recipient outlays not shown on lines e, f or g		0.00	0.00	0.00
i. Total recipient share of net outlays (Sum of lines e, f, g and h)		0.00	0.00	0.00
j. Federal share of net outlays (line d less line i)		21,023,272.33	915,826.72	21,939,099.05
k. Total unliquidated obligations				0.00
l. Recipient's share of unliquidated obligations				0.00
m. Federal share of unliquidated obligations				0.00
n. Total Federal share (sum of lines j and m)				21,939,099.05
o. Total Federal funds authorized for this funding period				23,167,179.00
p. Unobligated balance of Federal funds (lines o minus line n)				1,228,079.95
<b>Program Income, consisting of:</b>				
q. Disbursed program income shown on lines c and/or g above				0.00
r. Disbursed program income using addition alternative				0.00
s. Undisbursed program income				0.00
t. Total program income realized (Sum of lines q, r and s)				0.00
<b>11. Indirect Expense</b>		a. Type of Rate    Provisional <input type="checkbox"/> Predetermined <input checked="" type="checkbox"/> Fixed <input type="checkbox"/>		
		b. Rate	c. Base	d. Total Amount
		50.00	91,335.22	45,667.61
<b>Total</b>		50.00	91,335.22	45,667.61
<b>12. Remarks</b>		12-18-09 The awarded amounts for years 1-3 were added to the unexpended balance from prior project period box since the HL grant is continuing from grant AT01156. Also, the cumulative expenditures from the HL year 6 FSR were put in the previously reported column on this FSR. In addition, this grant does not have automatic carryover authority so carry over of unobligated balance into the next budget period requires Grants Management Officer prior approval. This prior approval must be sent to the GM40 with a separate request. The carryover request box on the FSR can only contain funds if the grant has automatic carryover authority. Therefore, I took the funds out of the carryover request box since it must remain blank. This FSR is acceptable. (LF)		Carryover Request 0.00
		previous years of this award are under AT01156. They are all under DOC U1AT01156A		
		There was an unobligated balance of Federal funds of \$1,214,177.67 from Year 08.		



**Financial Status Report**

	Zoo Marina Loon TITLE GRANTS SECTION	extension) 305-243-4493	07/07/2009
14. Approved by	Name Richard Berard		Date Report Accepted 12/10/2010

Financial Status Report

<b>1. Federal Agency and Organizational Element to Which Report is Submitted</b> NATIONAL HEART, LUNG, AND BLOOD INSTITUTE		<b>2. Federal Grant or Other Identifying Number</b> 7U01HL092607-8				
<b>3. Recipient Organization (Name and complete address, including ZIP code)</b> University of Miami School of Medicine UNIVERSITY OF MIAMI SCHOOL OF MEDICINE PO BOX 016960 (R-64) MIAMI FL 33101		<b>4. Employer Identification Number</b>		<b>5. Recipient Account Number</b> 66482E		
<b>6. Final Report</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<b>7. Basis</b> <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual				
<b>8. Funding/Grant Period</b> From 03/15/2002 To 01/23/2009		<b>9. Period Covered by this Report</b> From 09/01/2008 To 01/23/2009				
<b>10. Transactions:</b>		Previously Reported	This Period	Cumulative		
a. Total outlays		0.00	1,776,848.16	1,776,848.16		
b. Refunds, rebates, etc		0.00	0.00	0.00		
c. Program income used in accordance with the deduction alternative		0.00	0.00	0.00		
d. Net outlays (Line a, less the sum of the lines b and c)		0.00	1,776,848.16	1,776,848.16		
Recipient's share of net outlay, consisting of:						
e. Third Party (in-kind) contributions.		0.00	0.00	0.00		
f. Other Federal awards authorized to be used to match this award.		0.00	0.00	0.00		
g. Program income used in accordance with the matching or cost sharing alternative		0.00	0.00	0.00		
h. All other recipient outlays not shown on lines e, f or g		0.00	0.00	0.00		
i. Total recipient share of net outlays (Sum of lines e, f, g and h)		0.00	0.00	0.00		
j. Federal share of net outlays (line d less line i)		0.00	1,776,848.16	1,776,848.16		
k. Total unliquidated obligations				0.00		
l. Recipient's share of unliquidated obligations				0.00		
m. Federal share of unliquidated obligations				0.00		
n. Total Federal share (sum of lines j and m)				1,776,848.16		
o. Total Federal funds authorized for this funding period				2,494,247.00		
p. Unobligated balance of Federal funds (lines o minus line n)				717,398.84		
Program income, consisting of:						
q. Disbursed program income shown on lines c and/or g above				0.00		
r. Disbursed program income using addition alternative				0.00		
s. Undisbursed program income				0.00		
t. Total program income realized (Sum of lines q, r and s)				0.00		
<b>11. Indirect Expense</b>		a. Type of Rate Provisional <input type="checkbox"/> Predetermined <input checked="" type="checkbox"/> Final <input type="checkbox"/> Fixed <input checked="" type="checkbox"/>	b. Rate 53.00	c. Base 136,131.42	d. Total Amount 72,148.65	e. Total Amount Federal Share 72,148.65
Total		53.00	136,131.42	72,148.65		
<b>12. Remarks</b>		NIH Comment: Corrected the unexpended balance box from \$0.00 to \$-3,016,608.00 the correct amount from the prior project period. This has corrected the total federal funds to \$2,494,247.00 which agrees with the Payment Management System. 12/16/10 NIH Comment: Corrected the carryover request field to \$0.00, because this grant does not have automatic carryover. To request a carryover, a letter must be submitted to the grants management specialist for approval. The only line that you are allowed to put an amount in the carryover request field is if the grant has automatic carryover. 12/16/10  UNDER THE TERMS AND CONDITIONS OF THE AWARD, ANY FUNDS REMAINING UNOBLIGATED \$717,398.84, SHALL TRANSFER TO THE NEW GRANTEE INSTITUTION MT. SINAI MEDICAL CENTER.			Carryover Request 0.00	
<b>13. Authorized Official</b>		Name	Telephone (Area code, number, and	Date Report Submitted		

**Financial Status Report**

<b>13. Authorized Official</b>	<b>Name</b> Arthur Dantel <b>Title</b> Sr. Accountant	<b>Telephone (Area code, number, and extension)</b> 305-674-2657	<b>Date Report Submitted</b> 12/18/2009
<b>14. Approved by</b>	<b>Name</b> Lad Forgosh		<b>Date Report Accepted</b> 12/18/2009