

**Research Subaward Agreement Modification  
(Subaward/ UCSD PO# 32900297-001)**

**34445**

<b>Prime Recipient ("UCSD")</b> The Regents of the University of California on behalf of the San Diego Campus		<b>Subrecipient</b> City of Long Beach
UCSD PI: Richard Haubrich, MD	Prime Award No. E111-SD-005	Subrecipient PI: Deborah Collins

**Amendment(s) to Original Terms and Conditions (check all that apply)**

**SUBAWARD PERIOD OF PERFORMANCE.** The Subrecipient's period of performance for this Agreement (the period funded or obligated thus far) is changed to include the end date (No change in current end date of 03/31/2014).

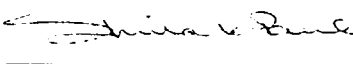
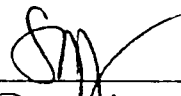
**FUNDED AMOUNT.** The amount funded for this budget period is **\$206,700.00**, increasing the amount from the last funded amount of **\$206,700.00**, to a new total of **\$413,400.00**. Attachment A1 budget attached. Please note, this amendment is not changing any pre-approval requirements, specifically including "carry-forward." Carry-forward of unspent funds has been authorized.

MP # S9000157 (Business Contracts use only: Fund 19968A, MED3215)

**SUBRECIPIENT CERTIFICATION REGARDING HUMAN or ANIMAL PROTOCOLS** (where applicable). By signing below, Subrecipient's Authorized Organizational Representative hereby certifies that if Subrecipient's scope of work on this project includes any research on humans or animals, or in the case of tissue or for any other reason, where IRB or IACUC approvals are needed (either by the terms of the prime award or by the rules of Subrecipient's organization), that Subrecipient has the appropriate approval in place at this time and that such work has not and will not take place outside of the appropriate approval period.

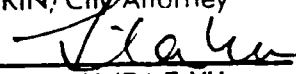
All other terms and conditions of this Subaward Agreement remain in full force and effect.

If checked, no signature from Subrecipient is needed. UCSD sometimes makes internal accounting changes that do not effect the Subrecipient but do effect the modification numbering and history. Also, UCSD sometimes issues unilateral increases of time and/or money where the statement of work and budget is unchanged. If Subrecipient does not wish to accept such changes, it is free to notify UCSD's PI and close out as previously agreed or request a bilateral modification. If checked but Subrecipient is aware the budget or statement of work needs to be modified, please contact UCSD's Authorized Official below.

By an Authorized Official of UCSD:   _____ Name: Sheila K. Paul Title: principal analyst Email: <a href="mailto:buscon@ucsd.edu">buscon@ucsd.edu</a>	11/3/13 _____ Date	By an Authorized Official of Subrecipient: Assistant City Manager EXECUTED PURSUANT TO SECTION 301 OF THE CITY CHARTER.  _____ Name: Patrick H. West Title: City Manager Email: <a href="mailto:Patrick.H.West@longbeach.gov">Patrick.H.West@longbeach.gov</a> APPROVED AS TO FORM	10/29/13 _____ Date
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cc: [buscon@ucsd.edu](mailto:buscon@ucsd.edu)  
 attachments: Attachment A1- budget, NOA Attachment B

(Version 0.99 Nov 15, 2010)

10/21, 2013  
 CHARLES PARKIN, City Attorney  
  
 By \_\_\_\_\_  
 LINDA T. VU  
 DEPUTY CITY ATTORNEY

# Detailed Budget ATTACHMENT A-1

CHRP Long Beach

Program Director/Principal Investigator (Last, First, Middle): Haubrich, Richard H

DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY						FROM 04/01/2013	THROUGH 03/31/2014	
PERSONNEL <i>(Applicant organization only)</i>		Months Devoted to Project			INST.BASE SALARY	DOLLAR AMOUNT REQUESTED <i>(omit cents)</i>		
NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Summer Mnths		SALARY REQUESTED	FRINGE BENEFITS	TOTAL
Deborah Collins, P.A.	Co-Project Director	12	10%	1.20	99,787	9,979	4,367	14,346
TBN RN	Study Nurse Coordinator	12	25%	3.00	76,638	19,160	9,499	28,659
Veronica Morales	Counselor	12	100%	12.00	50,234	50,234	29,030	79,264
Patricia Montes	Medical Asst	12	20%	2.40	46,619	9,324	5,157	14,481
						88,697	48,053	136,750
<b>CONSULTANT COSTS</b>								
<b>EQUIPMENT <i>(itemize)</i></b>								
1 Laptop Computer @ \$1,500/year							1,500.	1,500
<b>SUPPLIES <i>(itemize by category)</i></b>								
Misc Supplies							1,800.	
Site laboratory costs							16,861.	
Site Cell/Test Message Costs							4,761.	
Site Patient reimbursement							2,688.	26,110
<b>TRAVEL</b>								
Project related CHRP mtg for 1 investg. X 2 mtgs/yr (1 mtg is for 2 days w/1 overnight & other is 1 day)							1,000.	1,000
<b>PATIENT CARE COSTS</b>								
INPATIENT								
OUTPATIENT								
<b>ALTERATIONS AND RENOVATIONS <i>(itemize by category)</i></b>								
<b>OTHER EXPENSES <i>(itemize by category)</i></b>								
<b>CONSORTIUM/CONTRACTUAL COSTS</b>						<b>DIRECT COSTS</b>		
<b>SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD <i>(Item 7a, Face Page)</i></b>						<b>\$ 165,360</b>		
<b>CONSORTIUM/CONTRACTUAL COSTS</b>						<b>FACILITIES AND ADMINISTRATIVE COSTS</b>		
						<b>41,340</b>		
<b>TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD</b>						<b>\$ 206,700</b>		

