School of Dentistry Compact
FY2003-2004

A. Introduction

The School of Dentistry has an interim dean and has initiated a national search for a permanent dean. This compact is a transitional document from the FY02-03 compact. There are no substantial changes in the overall direction, although current goals for the School have been revised to reflect the recent challenge of the state rescission and budget cuts.

The University of Minnesota School of Dentistry is the state’s only dental school, and the major school in the region, graduating dentists, dental hygienists, dental educators and dental researchers committed to discovering new knowledge, technology and skills to benefit the profession and the community it serves. Our community includes 355 doctor of dental surgery students (DDS), 107 dental hygiene students, (99 students in a B.A. program and 8 students in a degree-completion program), 88 advanced training program residents, 13 Ph.D. Oral Biology graduate students, 4 post-docs, 15 graduate fellows, 58 tenured and tenure-track faculty, 169 adjunct and other faculty, 11 contract faculty, 69 professional and administrative staff, and 298 staff (232 Civil Service & Bargaining unit staff 66 student employees).

In the 2003-4 academic year, 581 students applied for 97 positions in the first year class of dental students. Of those admitted, 63 (65%) were Minnesota residents, 31 (32%) were regional residents (Montana, North Dakota, South Dakota, Wisconsin and Manitoba), and 3 (3%) were from states outside the region. Fifty-six (58%) of those admitted were male and 41 (42%) are female. Five students (5%) are persons of color. The average cumulative GPA is 3.47.

In the 2002-3 academic year, 98 students applied for 36 positions in the first year class of dental hygiene students. Of those admitted, 33 (89%) were Minnesota residents and 3 (11%) were regional residents.

All 36 members of the first year class are females. The average cumulative GPA is 3.18.

The School of Dentistry has entered a period of significant change. This compact for FY 2003-2004 speaks to that change. It outlines strategies designed to maintain and where possible accelerate the implementation of a flexible, decentralized administrative structure while at the same time encouraging the development of more broad-based faculty involvement in decision making. In addition the School will continue to emphasize and support innovative and competitive research and educational programs and continue to expand our presence in, and with, the community through the development of new community-based educational and patient care programs.

The overall goals for FY04 are to:

1) Continue the process of administrative decentralization,
2) Implement a new constitution and bylaws that will insure broad-based faculty participation in the governance process while at the same time insuring the rights and responsibilities of the tenured and tenure-track faculty in matters of curriculum and scholarship,
3) Reconsider the School of Dentistry’s new academic appointment plan,
4) Redesign the undergraduate clinical education program with an emphasis on interdisciplinary education, case based learning and problem based learning with increased community based experiential opportunity,
5) Continue the process of rebuilding the dental school's research infrastructure while broadening the base of competitive research programs, and
6) Reformulate the vision, mission and role of the School’s faculty practice plan with regard to the following: 1)
student/resident/faculty education; 2) role of part-time faculty; and 3) resources for the school.

B. Major Long-Term Goals/Priorities

GOAL 1: Develop and implement a comprehensive administrative and financial restructuring plan to facilitate the day-to-day operation of the dental school and to enable departments to be more proactive in advancing their research, educational and patient care missions.

The decentralization of administrative activities will be accomplished through various initiatives that engage the faculty and staff of each department in discussions, analysis of current operations, and decision-making. By engaging them it is expected that we will be able to achieve consensus and ultimately acknowledgement of ownership of various responsibilities. Once achieved, there should be an enhanced ability to use resources for innovative endeavors and scholarship.

The analyses and discussions will include a responsibility-based financial report, an operating cost study, an administrative activities responsibility grid, and a policy application review. The next step after these items are completed will be to delegate annual financial planning to the departments.

Description & Measurable Outcome

It is anticipated that if successful, departments will develop new revenue streams and become more self-reliant and less dependent on O & M dollars. Departments will be encouraged to develop more innovative and creative models of dental education and advance the research mission of the dental school and AHC by recruiting competitive dentist scientists.

Accomplishments

2) Developed process to integrate departmental administrators into the administrative structure of the departments.
3) Ongoing functional and financial review of the Administration, including Enrollment Management, Student Services and Continuing Dental Education.
4) Development of a new academic appointment plan (in process).
5) Continued development and implementation of a decentralized budget and incentive program.
6) Prototypes of responsibility-based financial reports have been distributed to departments for comments and review. An operating cost study model has been developed and will be used as the basis for funding and program efficiency discussions. This is based on the report of the Budget Challenge Committee chaired by Mr. Terry Bock and is being refined with departmental and faculty input.

Actions planned for the future

1) Implement an independent review of the organizational structure of Clinical Systems, including the School of Dentistry Clinics and their support units.
2) Recruit two additional departmental administrators to provide improved financial support for all four departments.
3) Initiate discussions regarding the organizational structure of divisions and departments in FY04.

Alignment with AHC strategic plan

This is consistent with the AHC’s desire that AHC Schools demonstrate greater academic and administrative leadership in an environment of consultative decision-making.
**Additional resources required**

1) Financial support for an external, independent review of Clinical Systems, and
2) Financial support to assist in hiring two additional departmental administrators over the next two years.

**GOAL 2:** Explore new avenues of undergraduate and postgraduate dental and dental hygiene education.

**Description & Measurable Outcome**

It is clear new, progressive models of dental education and patient care are necessary to meet the educational demands required for evidence-based dentistry and the complexity of post-genomic science. Our students are expected to care for patients with complex disease and understand the oral/systemic health relationships.

Current measurements of progress in the dental educational program are the national dental board examinations. As new educational programs are phased in we will be attentive to student performance on these national standardized tests.

In an effort to insure greater stability and improved recruitment of residents, we successfully secured Medicare GME dollars through hospital affiliation agreements with FUMC and Regions. These funds have been used to increase resident stipends and provide needed support for the training programs. Full implementation of this program would have occurred by FY2005. However, the affiliation agreements between dental schools and hospitals requisite for GME support for graduate dental education in non-provider sites are being phased out through a rules change implemented by CMS.

**Accomplishments**

1) Successful implementation of the senior “Comprehensive Care Clinic”. In this program student work in teams with instructors to provide total patient care rather than focusing on a specific type of restorative dental procedure, e.g. crown and bridge prosthodontics.

2) A dialogue has been initiated to address unwanted duplication in the curriculum, integrate basic science across disciplines, develop active learning strategies in all courses, improved outcome assessments (National Boards Part 1), address content overload with more of a focus on life-long learning.

3) Establish curriculum coordinators among the faculty to help facilitate integration of basic and clinical sciences.

4) Successful funding of the multi-school T32 Minnesota Craniofacial Research Training Program (MinnCReST) that will greatly facilitate the education of future dentist-scientist.

5) Dental GME: The School has secured affiliation agreements to obtain funding for qualified dental residents with two hospitals, FUMC and Regions. As above, the portion of this funding dependent on non-provider sites, i.e. School of Dentistry Clinics, is being phased out.

**Financial Implications**

A contingency plan has been developed which accounts for the phase out of GME as outlined by the CMS rules change. This change involves continued GME funding for all residents currently enrolled as of October 1, 2003. See attachment for FY04 schedule for GME supported resident stipends.
Actions planned for the future

1) A contingency for a phase-out of Medicare funding for non-provider sites will be built into the FY05 budget. In addition negotiations with hospital will continue with the intent of maximizing time spent within the hospitals for appropriate training programs. GME support for this resident time will be unaffected by the CMS rules change.

2) The role of the hospital dental clinic in F-UMC will be assessed and productivity improved. The future of the Hospital Dental Clinic and the General Practice Residency is at risk if the financial status of the Clinic can not be improved. Discussion with F-UMC leadership has been initiated.

3) The productivity of all advanced training residency programs will be visited. The size, flexibility and income potential of these programs, as compared with the larger complex undergraduate program, will be important in meeting the budget challenge of FY05.

4) The productivity and programmatic future of the dental hygiene program is being visited.

5) The School will explore on a selective basis combining medical & dental core basic science courses while assuming greater responsibility for the teaching of courses that are currently taught by other AHC schools.

6) Expand the comprehensive care program to include third-year dental students.

7) Implement a DDS, PhD curriculum.

8) Begin exploration of an experiential (community-based) dental education program community based education program.

9) Explore the development of a second experiential community-based educational program similar to Hibbing Community College partnership.

Alignment with AHC strategic plan

This strategy is consistent with the AHC plan to streamline and integrate health care education, and enhance the academic foundations of the dental education program. More experiential education in and with communities is an essential component of this expectation.

Additional resources required

None are being requested at this time.

GOAL 3 Enhance the growth in sponsored research, research training and programs designed to recruit and retain highly motivated and successful faculty. Define areas of programmatic development that interface with and complement programs in other AHC schools. Long-term success will be dependent on recruiting new faculty in these areas.

Integral to supporting the School’s ongoing research efforts will be the recent internal appointment of Dr. Greg Germaine as interim Associate Dean for Research. He will be responsible for representing the School’s research efforts within the AHC and University, as well as development of mentoring and support for junior research faculty.

Description & Measurable Outcome

Expansion of the research programs at the dental school is a high priority. Basic, translational, and clinical research programs targeted for further investment. In FY03 the School ranked 1st among U.S. dental schools in funding from the National Institute of Dental and Craniofacial Research. It is our intent to maintain that rank in the future.
Interdisciplinary research among faculty in the dental school and other academic health center school is well established. We will continue to encourage these collaborations through a research incentive program that will be supported by funds from the dean’s office.

Another measure of our success will be the performance of our junior faculty in acquiring NIH dollars. We plan to initiate a mentoring program this year to assist faculty development as well as success in obtaining NIH support. Specially, investments in the areas of basic, clinical and interdisciplinary science will be made:

1) Infectious Disease and Host Defenses including Mucosal Immunology, and Molecular Virology  
2) Clinical Research with an increased emphasis on Oral Systemic Disease,  
3) Skeletal Biology and Mineralized Tissues, and  
4) Orofacial and Cancer Pain.

Accomplishments

1) The School of Dentistry ranked 1st among U.S. dental schools in funding for FY03 from the National Institute of Dental and Craniofacial Research.  
2) Successful recruitment of the following tenure-track and tenured faculty:  
   a. Rajaram Gopalakrishnan in Oral & Maxillofacial Pathology (June, 2002) with research interests in Skeletal Biology and Mineralized Tissues;  
   b. Alex DaSilva, in Orofacial Pain (August, 2003) with research interests in PET scan analysis of CNS pain centers;  
   c. Theodora Danciu, in Oral and Maxillofacial Pathology (August of 2003) with research interests in Skeletal Biology and Mineralized Tissues;  
   d. Massimo Costalonga in Periodontology (October, 2003) with research interests in Mucosal Immunology.  
   e. Kimberly Mansky in Orthodontics (October, 2003) with research interests in Skeletal and Mineralized Tissues; and  
   f. Louis Mansky in Oral Sciences (October, 2003), senior virologist (with research interests in HIV) in anticipation of the retirement of Dwight Anderson in 04/05.  
3) Successful funding of the Minnesota Craniofacial Research Training program (Mark Herzberg, PI).  
4) Ongoing search for a research capable Director of the Advanced Training Program in Orthodontics.

Actions planned for the future
Recruitment of the following tenure track dentist-scientists will occur to fill vacant and or new positions in the following clinical and basic science/translational research programs

1) Oral & Maxillofacial Surgery  
2) Orthodontics  
3) Cancer Pain  
4) Pediatric Dentistry

Alignment with AHC strategic plan
The increased emphasis on competitive research, investing in new areas of research and enhancing research collaboration are strategies consistent with the AHC’s goal to increase collaboration and expand the research base of AHC schools

Additional resources required
During the coming years support for a new tenure track Dentist Scientist position will be requested.
GOAL 4. Enhance the growth and management of philanthropy.

Description & Measurable Outcome
A major emphasis continues to be increasing the endowment of the Dental School and increasing the number of endowed professorships.

Accomplishments
1) Endowment for graduate periodontics education and
2) Initial stages of developing endowed chairs in Restorative Dentistry, Orthodontics and Oral & Maxillofacial Surgery.

Actions planned for the future
1) Recruitment of a Director of Development with the assistance of the University Foundation.
2) Initiate a capital campaign to support revision and remodeling of the Pre-clinic Laboratories based on a faculty-developed state-of-the-art curriculum using the most effective application of clinical simulation.
3) Initiate a capital campaign to support necessary remodeling of the TMJ and Orofacial Pain Clinic.
4) Dialogue with the local dental community and alumni will continue.

Alignment with AHC strategic plan
An increase in private dollars for support of the academic and patient care missions of the Dental School is consistent with the AHC’s strategy increase private support for AHC schools

Additional resources required
None are requested

GOAL 5: Insure that the School of Dentistry is an essential contributor to the state’s health care delivery system.

Description & Measurable Outcome
The School of Dentistry is the only public dental school in the State of Minnesota. As a result it plays a major role in providing for the oral health care needs of the citizens of this state. The School is currently the largest provider of public program dental care in the state. However, recently the challenges in meeting the needs of the uninsured and underinsured have increased. Changes in funding and processes for dental public programs are proving burdensome and costly to the School. Dialogue with the Department of Human Services has been initiated. If the School is to continue to provide services these administrative problems must be resolved as budgetary constraints will not allow the hiring of additional accounting personnel to address this issue internally.

Assuming an effective solution to the preceding problem, the School may consider the establishment of additional fixed clinical sites in under-served communities both locally in the Minneapolis/St. Paul area and in out state regions of the state. It must be realized that this will not be possible without a solution to the public program funding problem and its related administrative burden.

Accomplishments
The Hibbing Community College/University of Minnesota Dental School partnership has been on overwhelming success. Over 150 patients visits per week occur at this facility. This clinic continues to be the major oral health care giver for underinsured patients in the upper region of the State of Minnesota, while serving as an educational site for dental students and students of dental hygiene in a collaborative model with community dentists and the Hibbing Community Technical College.

The School is providing dental services to underprivileged patients by providing faculty, students and staff for a mobile dental van through a collaboration with Ucare. Over a 12 month period the Mobile Dental Unit is scheduled to operate 224 days and has resulted in more than 1500 patient visits.
Actions planned for the future:
1) The School of Dentistry will continue attempts to resolve its public program problem through negotiation with the Department of Human Services and possible legislative solutions; and
2) The Dental School will explore expansion to a second community fixed site this coming year.

Alignment with AHC strategic plan
The community outreach efforts of the Dental Schools are consistent with the AHC’s desire that AHC school take a more proactive role in meeting the health care need of the citizens of the State of Minnesota.

Additional resources required
The biennial request outlined in detail the support need to develop a long-term community patient-care and dental education program

New Long-Term Goals/Priorities

GOAL 1: Successfully recruit a new, permanent dean.

GOAL 2: Community-based Education:
The objective is to transform the tradition dental education model into a community-based model to meet the increasing demand for oral health care by under-served out-state and inner city communities.

To achieve this goal it will be necessary for the Dental School to develop partnerships with rural and inner city communities and develop a common vision that optimizes dental student education and patient care needs.

GOAL 3: Build Community Links:
a) Continuing to build relationships with organized dentistry and local practitioners.
b) Engage the local professional communities in developing a partnership with the dental school.
c) Develop the new education model with communities.
d) Develop a communication plan about the new model and the community-based clinics.

GOAL 4: Clinical Practice:
The current model for faculty practice is antiquated and in need of revision in consideration of new teaching models and the need for a faculty compensation incentive plan. Interim Dean Liljemark has appointed Dr. James Swift to chair a committee charged with accomplishing the process of reviewing faculty practice models and to develop options for consideration by the School for Regental approval.

GOAL 5: Develop a communication plan for the SOD and the community that describes the values of the school and where it is going.

This communication plan will serve as the basis for education of the school’s multiple constituent bases both inside and outside the University regarding the School of Dentistry, its areas of expertise, and its added value to its communities. Claudia Kanter, Director of Communications has already played an integral role in improving internal communications through the regular publication and distribution of minutes of the Council of Chairs, the creation of a monthly School of Dentistry newsletter highlighting news-to-know and faculty/school accomplishments, and the creation of an annual “Community Report” published as a special section of our alumni publication, as well as enhanced external communications through the
creation of new recruitment brochures & bulletins, a significant redesign & expansion of the School’s alumni magazine, *Dentistry*, the creation of a SOD promotional power point presentation, and an expanded community presence and voice through press releases, media interviews, coordinated public education messages at the State Fair, and enhanced communications within the AHC and practicing community.

C. **Workforce Issues / Diversity Goals**

Begin an aggressive recruitment program for research-driven faculty with particular attention to the recruitment of Dentist/Scientists.

Begin an aggressive recruitment program to increase diversity among faculty, staff and students (See D. Enrollment Management below.).

Continued support of Multi-dimensional task force and school-wide diversity initiatives

Work with the AHC program in recruiting pre-health sciences students and improving the diversity of the student body, faculty, and staff.

Develop a community- oral health care educational program, expand community-based patient care initiatives, and expand enrollment accordingly.

D. **Enrollment Management**

The School increased the size of its entering class in the Fall of 2003 to 97. This is the largest number that the current facility, patient pool and faculty will support without a significant increase in facility, faculty and staff resources.

The School has developed a DDS Admissions Process, which uses Tuition Waivers for non-residents to improve student body diversity. Annually about 7 tuition waivers have been awarded. The Admissions Process is in the final stages of review by Ms. Barbara Sheils in the Office of the General Counsel.

E. **Facilities Issues linked to increased enrollment and research expansion**

- Renovations of Preclinical laboratories
- Upgrade patient care areas in Orofacial Pain Program
- Develop telecommunications infrastructure
- Redesign and upgrading of research laboratories ob floors 16-18 Moos Tower
- Faculty practice clinic in new clinical sciences facility

F. **Additional Financial Issues**

Tuition – The agreed upon tuition revenue estimate for the School of Dentistry is $7,169,646 for fiscal year 2003-04.

ICR – The agreed upon ICR revenue estimate for the School of Dentistry is $862,114 (49.5% of $1,741.644 ) for fiscal year 2003-04.

The School submitted a plan to address the on-going impact of rescissions in FY 04 primarily through cost reductions and a small tuition increase. The savings came from reducing administrative cost by $490,000 and $184,000 from a clinical program, Maxillofacial Prosthodontics, that was not self-funding. This clinic program is being reviewed to determine if it can be re-established on a financially viable footing. A tuition increase provided a modest $80,000 in additional resources.

The School’s Budget Challenge Committee developed a plan to deal with the FY 05 rescissions and also a structural financial problem. This group focused on generating additional resources for the School through increased enrollment, clinic income, and operating efficiencies.
The projected impacts are $550,000 for enrollment changes, $1,100,000 for clinic income, and $300,000 in operating efficiencies.

**Delegation of Authority**

Regental delegation of authority from Sr. VP for Health Sciences to the Dean is completed; the delegation from the Dean to department chairs and from department chairs to division directors will occur in FY04.

**G. Compact Development**

The compact process was based on the work of the Budget Challenge Committee (chaired by Mr. Terry Bock during the transition from the administration of Dean Peter Polverini to Interim Dean William Liljemark) and the Biennial Request Committee report, which was not surfaced in light of the State’s budget crisis. Both the Biennial Request Committee and the Budget Challenge Committee had broad representation from the faculty. The Budget Challenge Committee’s report was published on the School’s intranet and discussed in open forums with the School’s faculty and staff.

The exigencies of the state budget rescission and O&M cuts in combination with the change in administrative leadership resulted in a change in the method of faculty input and departmental compacts were not developed. Nevertheless, broad faculty input and consultation was realized throughout the process.

We believe this is a compact that furthers the intent of previous compacts and bodes well for the future of the School of Dentistry, with emphasis on academic excellence and community service and demonstration of the necessary fiscal responsibility.

**H. Data Profile/Critical Measures for Health Professional Schools**

For a display of planning data related to School of Dentistry, refer to a link off the University web site managed by the Office of Institutional Research and Reporting at [http://www.irr.umn.edu](http://www.irr.umn.edu). This site contains standard financial, staffing and student information.

**I. Achieving Consultative Governance**

The School of Dentistry is revitalizing the consultative governance of its faculty and staff. Part of this process is one of enhancing communication and participation in decision-making of the academic and clinical faculty and staff. A new School Dentistry constitution is in the final stages of development. New faculty and staff consultative committees have been established.

**J. Reports for FY04**

1) Constitution, Bylaws, and Academic Personnel Plan

2) Description and financial model for Graduate Dental Education Program under Medicare

3) Programmatic future of Program in Dental Hygiene

4) See compact allocation summary on next page.
## Allocation Summary FY00 through FY04

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<tr>
<td><strong>T = tobacco, C = compact funds, A = AHC other funding source, R = collegiate reallocation</strong></td>
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<table>
<thead>
<tr>
<th>Funding Source</th>
<th>FY00</th>
<th>FY00</th>
<th>FY01</th>
<th>FY01</th>
<th>FY02</th>
<th>FY02</th>
<th>FY03</th>
<th>FY03</th>
<th>FY04</th>
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<tbody>
<tr>
<td><strong>Tobacco</strong></td>
<td>150,000</td>
<td>175,000</td>
<td>150,000</td>
<td>175,000</td>
<td>250,000</td>
<td>0</td>
<td>388,000</td>
<td>945,813</td>
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<td><strong>Compact Funds</strong></td>
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<tr>
<td><strong>AHC Other Funding Source</strong></td>
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<tr>
<td><strong>Collegiate Reallocation</strong></td>
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</table>
Graduate School / VP Research College Investments FY03-04

<table>
<thead>
<tr>
<th>Investment</th>
<th>Amount</th>
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<tbody>
<tr>
<td>21st Century</td>
<td>$ 1,211</td>
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<tr>
<td>Grant-in-Aid</td>
<td>40,335</td>
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<td>$ 41,546</td>
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</table>
## School of Dentistry

### GME Contract Summary

**Fiscal Year 2004 Budgeted**

<table>
<thead>
<tr>
<th>Residency Program</th>
<th>Regions Hospital</th>
<th>Fairview University Medical Center</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>FTE's</td>
<td>Amount</td>
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<tr>
<td><strong>GME - DME</strong></td>
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<tr>
<td>Endodontics</td>
<td>6.50</td>
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<tr>
<td>Prosthodontics</td>
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<td>AEGD</td>
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<td>GPR</td>
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<td>Pediatric Dentistry</td>
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<tr>
<td>Periodontics</td>
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<tr>
<td>Oral Surgery</td>
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<tr>
<td>Orthodontics</td>
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<td><strong>Total</strong></td>
<td>36.44</td>
<td>$973,046</td>
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<tr>
<td><strong>GME IME</strong></td>
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<td>389,795</td>
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<tr>
<td><strong>Total GME Funding</strong></td>
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<td>$1,362,841</td>
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</tbody>
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**Total of All GME Contracts** 44.39 $1,734,377