A. **Introduction**

The Medical School offers accredited programs leading to the MD degree, a full spectrum of residency and fellowship programs, and is a major performance site for the masters and PhD programs of the Graduate School. The school is ranked in the top 30 medical schools in the country (125 total).

The Medical School is also a major focus for health research for the Academic Health Center, the University and the region. It ranks in the top 30 institutions for NIH funding and performs the spectrum of research from new discoveries to new product.

The budget plan for FY 2004-2005 has been developed. All departments are on track to finish the year in stable fashion.

B. **Report on Goals/Priorities for FY 2003-2004**

1. **Departments**

   Anesthesia – The relationship between the academic and community physicians continues to be evaluated. A search for a permanent department head has been initiated.

   Neurosurgery – The department head search is complete. Stephen Haines, MD, started in the spring of 2004. The GME program is being effectively mentored.

   Pediatrics – The department head search is complete. John Schreiber, MD, started in summer 2004. Negotiations regarding a new academic children’s hospital have been terminated. The effect on the department needs to be better understood. The audit recommendations for the department have been implemented. A debt management plan is in place.

   Radiology – Relocated department offices from FUMC to Mayo 2.

2. **Investments**

   Develop strategy with AHC and University partners for funding future research instruments for CMRR and neuroimaging. Predesign planning for a 16 Tesla magnet and the appropriate CMRR expansion to support the technological innovation to keep this center at the forefront of imaging research has occurred.

   Neurodevelopment, Neurosciences/Pediatrics – Continue to expand this University-wide collaborative effort; evolve strategies to support new initiatives in autism and muscular dystrophy.

   Review, with faculty input, the progress of research priority initiative programs and hires to determine whether these are still appropriate to mission; redefine areas in which opportunities may have evolved following the proposed change of the revenues from an endowment earnings to a tax-based source. (Ongoing)
3. Facilities – Research Space Utilization
We have implemented AHC-developed space use guidelines. Departments and centers apply these at annual compact reviews with the Dean. Vascular biology and Bakken Chair remodeling projects are underway. Discussions are occurring to develop a mechanism to support academic space use on the Riverside campus. A process to determine occupants for the Translational Research Facility from highly successful research programs has been undertaken.

4. Mission-Based Management
Phase I has been completed. Phase II, to include roll-out across the Medical School, has started.

5. Administrative Structure
The Associate Dean for Education and Curricular Development was hired in June 2004 and will start in September 2004. An interim Senior Associate Dean for Education was appointed with a July 2004 start date.

Center Configuration: The Dean's Office has reviewed and evaluated its administrative structure including the configuration of the Centers and determined the current structure is appropriate at this time, although discussions for a sixth center have begun.

Reporting Structure: Reporting relationships to the Dean's Office to best support the current structure have been clarified.

6. Undergraduate Education
LCME Accreditation. A blended self-study and database was developed for the unitary accreditation between Duluth and Twin Cities Campuses in preparation for the March 28-April 1, 2004 site visit. The LCME Medical School visit resulted in full accreditation of an integrated single medical school with two campuses, Twin Cities and Duluth.

Initiated discussions on future educational curricula. Participation in the Institute for Health Care Improvement collaborative with nine other medical schools, focused on interprofessional education regarding patient safety, quality improvement and systems-based practice across the education continuum.

Enhanced community service. Medical students participated in the AHEC program in rural Minnesota and have been active in the Phillips Neighborhood Clinic for the underserved and homeless.

Enhanced diversity of our faculty. The cultural competence curriculum has been fully integrated into the first two years and beginning now in the third and fourth years of our curriculum. A task force, headed by Associate Dean Anne Taylor, focusing on diversity and cultural competence has been formed to develop a strategic plan for increasing student and faculty diversity.

Use of technology. A wireless environment across our classrooms has provided access for students to the internet and availability of lectures online. A virtual clinic has been rolled out as a learning tool in the first two years of the curriculum.

Enhanced facilities. Significant remodeling of the Adytum has been planned to enhance student study space. Transition of the standardized patient program to the AHC, Interdisciplinary Education Resource Center, planning for new OSCEs to prepare students for the USMLE 2C is now in progress.

Health care improvement curriculum has been developed, including a patient safety curriculum in Year 2 and the Physician and Society course, and an “On Doctoring: Patient Safety and Medical Errors” seminar. Work with the AHC to develop interprofessional activities this past year, nursing students met with medical students to solve ethical dilemmas. Second year students worked with pharmacy students in the blood course regarding approaches to anticoagulation. The admissions office and faculty have participated in numerous programs for undergraduate students at the Health Careers Center and the Empowering Minority Students for Health Careers Symposium was successful in the fall of 2003.

7. Graduate Medical Education
Louis Ling, M.D., Chair of the Graduate Education Committee, has improved the effectiveness of oversight of training programs. He became the Associate Dean for Graduate Medical Education July 1, 2004.

Mentoring programs. Successful mentoring programs for the plastic surgery and neurosurgery residency programs have greatly improved these residencies. Mentoring for the anesthesia program has begun. Considerable discussion about including graduate medical education activities in mission-based budgeting was done with the consultants of mission-based budgeting.

ALS-BLS mask fit testing. This activity is planned for a system-wide orientation for all new graduate medical education learners, June 24 and July 2, 2004.

8. Continuing Medical Education
Strategic planning was held in 2003; and a new physician-educator was named (Assistant Dean Steven Hillson) and a new operations manager, Ginny Jacobs, were appointed. The CME program is now fully integrated into the Medical School with oversight in the Dean’s Office.

A council has been formed and is now meeting monthly to develop and implement strategic plans.

9. Allied Health
A review panel presented its findings to Dean Powell in December 2003. The panel found an incomplete match to the mission of the Medical School. Further recommendations regarding Allied Health programs by the Medical School Finance Committee have been presented to the Dean.

C. Goals/Priorities for FY 2004-2005

Initiatives
1. * Departments
   Anesthesia: Hire a permanent department head; support the department head in achieving full residency accreditation and in integrating practice with appropriate clinical partners.

   Pediatrics: Support new department head in development of a plan to increase faculty salaries in line with AAMC regional means and enhance departmental research productivity.

   Physiology: A task force has been charged with defining an integrative systems biology initiative with the goal of establishing a revitalized new basic science department. Goal is to receive the report of the task force, determine which partners are available to support this initiative, and initiate school-wide discussions.

2. * Graduate Education
   Funding the education of graduate students has become an increasingly difficult challenge for the basic science departments despite administrative reorganization, provision of tobacco tax support ($750,000), and external evaluation. It is our goal to further stabilize the funding of the first year and continue dialogue with the graduate school to explore mechanisms to alleviate the tuition and/or fringe rate burden(s). Our long-term goal would lead to increased numbers of students, elevating the quality of the matriculant pool, and create new means of support for this critical educational and research resource.

3. Duluth Integration
   The LCME site visit report has defined a number of areas for integration of the two campuses into a single medical school. Major areas are admission, promotion and tenure integration, and a reevaluation of the 3rd year clerkships in Duluth. The arrival of our new Associate Dean for Education and Curricular Development in September will help with the curricular integration.

4. UMPhysicians/Medical School Strategies Alignment
   UMPhysicians and the Dean of the Medical School have agreed on the following new strategic initiatives for 2004-2005.
   • Initiate unit level (departments) development funds, from clinical income that would be restricted in expenditures to defined areas of recruitment, development, or applied against reserves. The proposal for this is currently being processed in UMPhysicians for final wording and presentation to the Board of Directors. It may be necessary to implement this proposal.
incrementally to allow all departments to manage the cash flow needs.

- Joint review of interdisciplinary program development for clinical initiatives between the Dean and UMPPhysicians. Focusing on the current initiatives with renewed interest in the Neurosciences linking Neurology, Neurosurgery and Psychiatry in combined programs (new initiatives currently being developed). In addition, UMPPhysicians is exploring adding a new initiative in chronic disease management with a focus on diabetes.
- UMPPhysicians and the Medical School plan to initiate a task force to address discipline-specific professionalism to address the mechanisms for managing the competing interests of different disciplines in emerging technology and its application in patient care. As a faculty practice plan we believe that it is our responsibility for implementing a methodology that will serve as a tool for our students who will be facing continuous technology expansion in their practices of the future.

5. Education
Undergraduate Medical Education
- Appoint a new Senior Associate Dean for Education.
- Prepare responses to citations identified by the LCME.
- Continue to develop integration of educational and curricular programs with the Duluth campus.
- Enhance the use of technology to communicate with clerkship sites and the Duluth campus in our educational programs.
- Enhance professionalism in the curriculum through the STEP Grant.
- Enhance interprofessional education in areas of quality improvement, medical errors, and systems-based learning in close collaboration with the IHI collaborative schools.
- With the new Office of Education administrative team and Dean’s Chief of Staff, evaluate and develop the Office of Medical Education.
- With the new administrative staff and the Education Council, begin pilot projects in curricular innovation.

Graduate Medical Education
- Continue to improve the efficiency of the GMEC and appoint a new chair of the GMEC
- Enhance the development of curriculum surrounding ACGME competencies along with robust evaluation measurements
- Develop a uniform education process for all G1s in the coming year
- GME Reorganization – Leadership within Graduate Medical Education successfully transitioned to Dr. Louis Ling on July 1, 2004. Dr. Ling and the Dean’s Office will conduct a satisfaction survey and needs assessment to determine the best operational structure.

Continuing Medical Education
- The CME Council will examine strategic initiatives to continue the integration of CME into the Medical School, including rewards and recognition for faculty
- Initiate scholarly initiatives to examine the effectiveness of our CME programs

6. Translational/Clinical Research
A K12 proposal has been prepared. Dr. Powell will ask that the steering committee identified in that proposal continue to meet as an advisory group with her in her AHC role. Specifically, this group will:
- Explore the challenges unmet in supporting translational research
- Identify the costs and possible solutions to furthering the mentorship of clinical investigators
- Determine the means of developing a user-friendly comprehensive research database with SPA and the office of the Vice President for Research
- Continue to identify collaborative clinical research possibilities between the AHC schools.

7. * Mission Based Management
Pilot departments (Neuroscience, Pediatrics, and GCD) have completed Phase I. The SOM Finance Advisory Committee subgroup is holding meetings to discuss principles for assignment of funds. Phase II – analyzing all departments in the MBM format and transitioning from the consulting group to the Dean’s Office – is
underway and software for web-based data collection is being developed. We anticipate all departmental data to be collected this fall, in time for next budget cycle.

8. * Investments
Significant investments are planned for a BSL-3 facility and matching funds to support the planning grant and the regional Center of Excellence submission planned for June '04. Additional support will be made in clinical research to support the research nursing in the GCRC and to support the K12 proposal. The Dean’s office will need to commit $550,000 to the MD/PhD program during the hiatus in MSTP funding. The Dean’s Office is recruiting an interventional neuroradiologist to direct a Stroke Center. If successful, significant capital investments will be required to support this person (combined flat plan detector neuroangiography unit and 1.5 Tesla MR scanner for animal research).

9. Facilities and Capital Investments
• Adytum – private donation project; less than $100,000
• BSL-3 (Lions) – federal award (AHC/Medical School match); $1,900,000 construction cost
• Lillehei (Cancer Center Building Concept Design) – identify funds for preliminary design
• Translational Research Facility – under construction
• Clinic precinct plan – University/AHC/FUMC/UMP joint planning group for clinic facility/children’s hospital projects
• CMRR – predesign for expansion to house a 1.5 and a 3.0 Tesla magnet

10. Diversity
Dr. Anne Taylor is chairing a faculty and external group to review successful programs in U.S. medical schools and make recommendations to the Dean to enhance our recruitment and retention of students and faculty of diverse backgrounds.

11. Administrative Center Restructuring
The Dean’s Office is conducting a feasibility study, in conjunction with the appropriate department chairs, to determine the advisability of creating a sixth administrative center in “neuroscience.” The Dean’s Office will survey the department heads to better understand the effectiveness of the current administrative configuration.

* Denotes budgetary needs
D. Compact Development
The Medical School and the department compacts for FY ’04 were reviewed by the Deans. The FY ’05 compact is being developed for review by Dean Powell and will be discuss with department heads. The final version will be submitted to the department heads for the dissemination to their faculty.

E. Enrollment Management
1) The Medical School has enhanced its information technology systems to provide for improved admissions services. Current and prospective applicants and others requiring information or assistance have immediate access to information via the admissions website and direct e-mail links. Applicants, admissions committee members, and interviewers will be provided with electronic applications and report systems. The admissions office will work with the AHC PeopleSoft project to continue to improve information systems. At the present time there continues to be an increase in the qualifications of University of Minnesota Medical School applicants and matriculants. Academic qualifications (MCAT and GPAs) are higher than national averages for both applicants and matriculants for the 2003 entering class. The University of Minnesota applicant pool increased by 20.8% compared by 0.7% decline in the national applicant pool.

2) As recorded in the University of Minnesota Medical School Mission and Vision Statement, we are committed to matriculating a diverse and accomplished student body. In accordance with the Office of General Counsel guidelines for implementing affirmative action in student admissions at the University of Minnesota, the admissions process is being reviewed and modified to comply with the constitutional standards set forth by the U.S. Supreme Court decision on affirmative action in June, 2003. The process provides for consideration of diversity broadly defined in medical school admissions.

3) Approaches being used/planned for improving service to students and for improving the student educational experience.
   (a) The Medical School will collaborate with the Academic Health Center to streamline immunization and health records with

F. Other Financial Information
1) Provide summary of principles and plans undertaken to meet FY ’04 state recision and other budget cuts
Budget cuts due to state funding reductions and the related increase in the University IRS tax totaled $4.6 million for the Medical School (including the $1.5 million recision which occurred late in fiscal 2003). The following principles guided Medical School leadership in developing the response to those cuts:
   • Preserve the core mission (education)
   • Across-the-board cuts are not the preferred method
   • Retain funding for recruitment into priority research areas
   • Retain funding to reward outstanding faculty
   • Tuition increase must be modest, if any
   • Some preferred, targeted actions will not be possible until fiscal 2005.

The Medical School addressed the $4.6 million funding reduction in the following ways:
   • Targeted reductions of $1.689 million were implemented
   • Allocated reductions (an “across-the-board” approach) of $2.910 million were implemented
   • Medical student tuition was not increased. Additional tuition revenues from mandated increases to undergraduate and graduate students is held by the Dean and will be used to “soften the blow” to selected departments; and held in reserve for needs which arise during the fiscal year.
2) **Summarize what will be approach to state recision for FY05 (second year of biennium)**

Although we do not yet know specific details, it is relatively certain the Medical School will incur further funding reductions as the University attempts to balance the fiscal 2005 budget. The principles which guided the fiscal 2004 budget decision will be utilized in determining the fiscal 2005 actions also. We anticipate implementation of a modest (4-5%) tuition increase for medical students in FY '05. Budget cuts will likely be a combination of targeted and across-the-board reductions.

3) **Compact requests – attached**

4) **Plans for tuition management, and resident / nonresident tuition; plans for scholarship development and use (new plan—item b below)**

The Medical School will develop a new plan for medical student tuition that will:

(a) Even out tuition payments of equal amounts into two payments per year for four years, both at the Twin Cities and Duluth campuses.

(b) Initiate a fixed tuition for incoming students that will remain constant over the four years of the degree program.

(c) Current students will continue on the existing plan and will experience annual increases of 4-5%.

(d) Medical student tuition cannot be increased at the rates proposed for the rest of the University due to our position as one of the most expensive public Medical Schools in the United States.

(e) Offer nonresident tuition scholarships to no more than 25 exceptional out-of-state as well as M.D., Ph.D. students. A tuition policy will be developed outlining eligibility and a process for selection by the Scholarship Committee.

Minnesota Medical Foundation will solicit funding for four full tuition scholarships. These new “Dean’s Scholarships” will attract the brightest and best students to the Medical School. A process for awarding these scholarships will be developed.

G. **UMPhysicians**

1) **Summarize performance for FY03 and expectations for FY ‘04**

UMPhysicians had a strong financial performance over the last 2 years resulting in an increase in assets of 4.7 million dollars and a 21% growth in revenues during the year 2003 over 2002. The growth in revenues in the year 2003 was largely due to the operation of the Masonic Cancer Clinic as a physician owned clinic and infusion therapy area and new contracts for laboratory services and clinic management services with Fairview University Medical Center. The cash reserves in the year 2003 grew to 23 million dollars as a result of days in receivables declining to less than 50 days. Total revenues in 2003 were 160 million dollars. Projections for fiscal year 2004 are 170 million.

Activities of the fiscal year 2003 of significance include successful negotiation with Fairview of a managed service agreement for the hospital-based clinics at FUMC, providing an opportunity for the practice plan to establish an environment of patient focus and care. The new agreement with the hospital allows physician medical directors (faculty) and staff to establish common goals and standards. This model should serve as a benchmark for patient care for our students working with the faculty in the ambulatory clinics.

During the year 2003, the Masonic Cancer Clinic was fully open and has been run as a physician owned clinic with infusion therapy under the control of the practice plan in this clinic. Multidisciplinary site-specific oncology teams see patients in this clinic with oncologists, surgeons, radiation oncologists, pharmacists, nurses and social workers focusing on specific forms of cancer to integrate, care and education.

Increasing utilization of the electronic medical record during the year 2003 has allowed our first clinic to initiate use of the EMR (Masonic Cancer Clinic) to successfully convert to “chart by demand only” for patient care on July 1, 2003. UMPhysicians has set a target of 90% utilization of the EMR by all faculty for ambulatory activities and 30% of the clinics being “chart by demand” only by June 30, 2004.

Additional highlights include the initiation and completion of a new Imaging Center in the Phillips Wangensteen Building financed by tax exempt debt that allows the faculty practice plan to provide state-of-
the-art imaging to our ambulatory patient base and enhance the ability of the hospital based imaging unit to deliver timely care to the inpatient activities.

2) **Summarize programmatic alignment between TCMED and UMPhysicians, e.g. areas of investment, development and faculty recruitment**

University of Minnesota Physicians and the Medical School have continued to develop interdisciplinary clinical programs that are aligned with the Medical School initiatives in oncology, cardiovascular disease, children’s services, neuroscience and the clinical arms of immunology as manifested in solid organ and bone marrow transplants. In addition, continued investment in our primary care clinic as a model for care management in the local environment continues. Investments in these areas have included start-up funding for recruitment of new cardiologists, supplementation of the clinical services in the primary care clinic, support of start-up for the muscular dystrophy clinic, and investment in the oncology clinic for better physician access to the clinic, as well as central supplements for operations.

3) **Summarize interface with FUMC, e.g. clinic management, coordination of marketing, investments**

The relationship between FUMC and UMPhysicians during the year 2003 was positive and symbolized by the managed service agreement for operating the clinics, settlement of outstanding financial obligations with the Department of Laboratory Medicine and Pathology for professional services, joint marketing efforts by FUMC and UMP with close working relationships between the marketing departments at Fairview and UMPhysicians and mutual investment on the part of both parties in the marketing. In addition, collaboration in information services between Fairview and UMPhysicians provided access to hospital laboratory data, radiology and pathology reports directly on the EMR. Fairview also selected UMPhysicians Imaging Center as the first installation site for the PACS unit which is working well in our clinics. Additional startup efforts and collaboration occurred at Fairview Ridges and Lakes during 2003.

4) **List major challenges for FY04, e.g. new facility, clinic management and growth, new Ortho Center**

Major challenges for FY ’04 include successful management of the ambulatory clinics to improve patient satisfaction and financial performance over prior year with continued growth in patient activity in the clinics. Continued start-up funding for new faculty recruits is a constant challenge and will require some additional policy development in UMPhysicians in order to respond in a timely fashion in the future. Opening of the new Orthopaedic Center in the south suburban area is scheduled for 2004 and will require additional management and staff support as it opens. Balancing the needs of that Center with the on-campus activities of orthopaedics at the University site will also require oversight. Successful implementation and operation of the Lakes Radiation Therapy Center and the UMP Imaging Center will also be challenges in 2004. Pending resolution of a facilities planning process between Fairview and the University of Minnesota it is anticipated that we will move forward with appropriate planning and design for a new clinic facility to be initiated in the year 2005.

**FY2000 through 2005 Compact Investments**

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**R**Recurring; **N**Non-recurring