

UNIVERSIDAD DE CALIFORNIA EN BERKELEY

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SANTA BARBARA • SANTA CRUZ

INICIATIVA de salud del Américas
UC BERKELEY SCHOOL OF PUBLIC HEALTH
1950 Addison Street, Suite 203
Berkeley, California 94704
PH: 510-643-1291 Fax: 510-642-7861
URL: <http://hia.berkeley.edu/>



23 de abril 2014

Ernesto Castañeda
Departamento de sociología y Antropología
de la Universidad de Texas en El Paso

Leticia Calderón Chelius
Instituto de Investigaciones Doctor José María Luis Mora

RE: Propuesta de subvención PIMSA 2013-2014

Estimado Dr. Castañeda y el Dr. Calderón Chelius:

¡ Felicidades! En nombre del programa de investigación sobre migración y salud (PIMSA, por su siglas-Programa Español de Investigación en Migración y Salud), la iniciativa de salud de las Américas, la Universidad de California y todos nuestros compañeros organizadores, nos complace informar a que usted que su proyecto titulado, **"El Ulises síndrome entre económico y político los migrantes en México"**, ha recibido una subvención de \$39.995 en forma condicional.

Existía la preocupación del grupo de revisión, apoyada por la Comisión de financiamiento, que detalle adicional se requiere en cuanto a la entrega de las intervenciones terapéuticas para 50 participantes en el estudio y el impacto previsto en estos participantes. Además, estamos solicitando una descripción del proceso de IRB que será perseguido en una o más instituciones. Este memorando debe enviarse a gilbert.ojeda@berkeley.edu. Por favor proporcione esta nota tan pronto como sea posible, pero no después del 30 de abril.

Al abordar las condiciones indicadas arriba, documentos y correspondencia oficial será próximamente, incluyendo información detallada sobre los esperamos que cada uno de los equipos de investigación participantes para cumplir con los requisitos. Entretanto, tenga a una persona en su institución financiera complete el formulario W-9 y por fax al número en la parte superior del formulario. O tenga a mano su persona financiero designar un fondo de regalo que puede recibir el dinero de UC Berkeley. Correo electrónico la información de cadena de tabla para la transferencia a Caroline Dickinson, administrador de PIMSA, en cdickinson@berkeley.edu.

Instituciones mexicanas recibirán su parte del presupuesto vía transferencia bancaria extranjera. Escanear y enviar un email a Caroline una carta en papel membretado de su institución con instrucciones claras en inglés sobre cómo enviar la transferencia a su institución. Incluir el título de su proyecto, la cantidad en dólares estadounidenses, el beneficiario (beneficiario), número de beneficiario cuenta, beneficiario dirección, nombre completo del banco, dirección del banco, código SWIFT y número CLABE.

Si usted tiene alguna pregunta, por favor no dude en contactar con Caroline en cdickinson@berkeley.edu.

Atentamente,

Xochitl Castaneda, Director de
iniciativa de salud de las Américas (EIS)
escuela de salud pública Universidad
de California, Berkeley

Gilbert Ojeda, Director de California
programa sobre el acceso a la atención (CPAC)
escuela de salud pública Universidad
de California, Berkeley

HEALTH INITIATIVE OF THE AMERICAS
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April 23, 2014

Ernesto Castañeda
Department of Sociology and Anthropology
University of Texas at El Paso

Leticia Calderón Chelius
Instituto de Investigaciones Doctor José María Luis Mora

RE: PIMSA 2013-2014 Grant Proposal

Dear Dr. Castañeda and Dr. Calderón Chelius:

Congratulations! On behalf of the Research Program on Migration and Health (PIMSA, for its Spanish acronym- *Programa de Investigación en Migración y Salud*), the Health Initiative of the Americas, the University of California, and all of our co-conveners, we are pleased to inform you that your project titled, "**The Ulysses Syndrome among Economic and Political Migrants in Mexico**", has been awarded a grant of \$39,995 on a conditional basis.

There was concern from the review group, as supported by the Funding Committee, that further detail was required regarding the delivery of therapeutic interventions to 50 study participants and the intended impact on these participants. In addition, we are requesting a description of the IRB process which will be pursued at one or more institutions. This memo should be sent to gilbert.ojeda@berkeley.edu. Please provide this memo as soon as possible, but no later than April 30th.

Upon addressing the conditions stated above, formal correspondence and documents will be forthcoming, including detailed information regarding the requirements we expect each of the participating research teams to fulfill. In the meantime, please have a financial person at your institution complete the attached W-9 form and fax it to the number at the top of the form. *Or* please have your financial person designate a gift fund that can receive the money from UC Berkeley. Please e-mail the chart string information for the transfer to Caroline Dickinson, PIMSA Administrator, at cdickinson@berkeley.edu.

Mexican institutions will receive their share of the budget via *Foreign Wire Transfer*. Scan and e-mail to Caroline a letter on your institution's letterhead with clear instructions in English on how to send the wire transfer to your institution. Include the title of your project, the amount in US dollars, the beneficiary (payee), beneficiary bank account number, Beneficiary address, complete bank name, bank address, SWIFT code, and CLABE number.

If you have any questions, please do not hesitate to contact Caroline at cdickinson@berkeley.edu.

Sincerely,

Xochitl Castañeda, Director
Health Initiative of the Americas (HIA)
School of Public Health
University of California, Berkeley

Gilbert Ojeda, Director
California Program on Access to Care (CPAC)
School of Public Health
University of California, Berkeley



PIMSA CYCLE 2013-2014
Concurrence

This award is issued under the auspices of the 2013-2014 Programa de Investigación en Migración y Salud (PIMSA). The terms, conditions and restrictions published in the 2013 Request for Proposals application are applicable to this award.

Principal Investigators: **Dra. Eva M. Moya**, Department of Social Work, College of Health Sciences University of Texas at El Paso
Dra. Leticia Calderón Chelius, Instituto de Investigaciones Dr. Jose Maria Luis Mora
Dr. Roberto Sánchez Benítez, Instituto de Ciencias Sociales y Administrativas, Universidad Autónoma de Ciudad Juárez

Institutional officials: Robert A. Osegueda, Vice President for Research, The University of Texas at El Paso, Dr. Luis Gutierrez Casas, Coordinación General de Investigación y Postgrado Universidad Autónoma de Ciudad Juárez and Lic. Rubén Sánchez Vences, Representante Legal del Instituto de Investigaciones Dr. José María Luis Mora, México, D.F.

Project Title: *The Ulysses Syndrome among Economic and Political Migrants from Mexico*

Period of Award: 12 months, begin no later than September 1, 2014

Approved Budget:	<u>UTEP</u>	<u>UACJ</u>	<u>Instituto Mora</u>
Salaries/Wages	\$7,555	\$4,550	\$4,600
Supplies & Services	\$330	\$670	\$900
Travel	\$3,350	\$2,840	\$3,800
Other Costs	\$5,900	\$1,500	\$4,000
TOTAL REQUESTED	\$17,135	\$9,560	\$13,300

Guidelines with PIMSA 2013-2014

- A. I assume responsibility for these funds; if I cannot effectively complete the project outlined in my proposal, I will advise PIMSA administration immediately; if I receive additional awards for the work described in my proposal which duplicates the award provided by PIMSA, I then will return the appropriate portion to PIMSA; unspent funds will be returned to the PIMSA program at the end of the project.
- B. I will acknowledge the support of PIMSA in any publications, extramural proposals, presentations, or other media resulting wholly or in part from award of these funds;

C. Human and animal subjects: If my project involves human subjects, I will obtain the clearance of appropriate institutional review committee before beginning my project.

D. **No Cost Extensions and Budget Modification will not be allowed.**

E. I agree to complete the following:

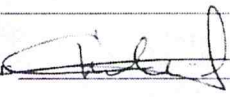
- 1) An interim report of up to 2 pages explaining progress to date and a budget showing expenditures to date, due February 1, 2015.
- 2) A 1,500 word document prepared for a policy audience with recommendations based on the main results (English and Spanish) due November 1, 2015.
- 3) A draft of a 10,000 word manuscript (approx. 25 pages if using 12pt. font, Times New Roman, single spaced) from this project for publication (journal format) due November 1, 2015.
- 4) A Financial Report specifying expenditures under this grant due November 1, 2015.

Deliverables may be emailed to Caroline Dickinson, cdickinson@berkeley.edu. PIMSA may ask the team to participate in policy briefings to discuss the implications of their work and results. It is also anticipated that PI's save funds to present their final results at the Binational Policy Forum on Migration and Health, during Binational Health Week (in October 2015) or the Summer Institute on Migration and Global Health in June 2015 (if ready) or June 2016.

ACCEPTED:

US Co-Principal Investigator: _____
(signature date)

MX Co-Principal Investigator: _____
(signature date)

MX Co-Principal Investigator: Dra. Leticia Calderón Chelius  8/21/2014
(signature date)



Fax Completed Form to Vendoring: (510) 642-8604
UC Berkeley Substitute W-9 & Vendor Information Form

Suppliers who do not wish to complete this form in its entirety may elect not to do business with UC Berkeley.

☒ NEW VENDOR REQUEST ☐ UPDATE EXISTING VENDOR ☐ NEW INDIVIDUAL ☐ REFUND VENDOR VENDOR ID _____

VENDOR INFORMATION		
1	NAME (as registered with the IRS) Instituto de Investigaciones Dr. José María Luis Mora	PARENT COMPANY NAME (if applicable)
	BUSINESS NAME/DBA (if different than above) Instituto Mora	COUNTRY (if not U.S.A.) Mexico
	ORDER ADDRESS (number, street, and apt or suite no.) Calle Plaza Valentín Gomez Farías 12, Col. San J	REMITTANCE ADDRESS (number, street, and apt or suite no.) Calle Plaza Valentín Gomez Farías 12, Col. San Juan Mixcoac
	CITY, STATE and POSTAL CODE México, D.F., C.P. 03730	CITY, STATE and POSTAL CODE México, D.F., CP 03730
	ORDER PHONE NUMBER 011 52 55 983777	PURCHASE ORDER EMAIL adiaz@institutomora.edu.mx
	PURCHASE ORDER FAX NUMBER	CONTACT (Order and Remit) Beatriz Díaz Fortis
	FEDERAL TAX CLASSIFICATION (check only one) <input type="checkbox"/> INDIVIDUAL/SOLE PROPRIETOR <input type="checkbox"/> C CORPORATION <input type="checkbox"/> S CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> TRUST/ESTATE <input type="checkbox"/> LLC – Tax classification (C=C Corporation, S=S Corporation, P=Partnership) _____ <input type="checkbox"/> OTHER _____	
TAXPAYER IDENTIFICATION NUMBER (TIN, required) SOCIAL SECURITY NUMBER _____ OR EMPLOYER IDENTIFICATION NUMBER _____		
DUN & BRADSTREET NUMBER (DUNS, if applicable) _____		
DESCRIPTION OF BUSINESS OR SERVICE PROVIDING TO UC BERKELEY Research		
UNSPSC CODE (if applicable)		
2	UC BERKELEY STAFF CONTACT NAME Caroline Dickinson	UCB CONTACT PHONE (510) 643-4089
		UCB CONTACT EMAIL cdickinson@berkeley.edu
BUSINESS TYPE/CLASSIFICATION		
3	BUSINESS SIZE <input checked="" type="checkbox"/> LARGE <input type="checkbox"/> SMALL	OWNER GENDER <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
	VENDOR CLASSIFICATION <input type="checkbox"/> SUPPLIER <input type="checkbox"/> ATTORNEY <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> INDEPENDENT CONTRACTOR <input type="checkbox"/> CONSULTANT <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> REFUND	
	FEDERAL CERTIFICATIONS: self-certify with the <u>Federal Government</u> <input type="checkbox"/> SDB (Small Disadvantaged Business) <input type="checkbox"/> VOSB (Veteran Owned Small Business) <input type="checkbox"/> MBE (Minority Business Enterprise) <input type="checkbox"/> Hub Zone (Historically Under-Utilized Small Business) <input type="checkbox"/> WOSB (Women-Owned Small Business) <input type="checkbox"/> SBE (Small Business Enterprise) <input type="checkbox"/> ANC1 (Alaska Native Corporation not certified with SBA) <input type="checkbox"/> HBCU/MI (Historically Black College or Minority Institution) <input type="checkbox"/> SDVOSB (Service-Disabled Veteran-Owned Small Business) <input type="checkbox"/> ANC2 (Alaska Native Corp not a small business) <input type="checkbox"/> WBE (Women Business Enterprise)	
	STATE OF CALIFORNIA CERTIFICATIONS: self-certify on the <u>State of CA website</u> <input type="checkbox"/> WBE (Women Business Enterprise) <input type="checkbox"/> SBE (Small Business Enterprise) <input type="checkbox"/> DBE (Disadvantaged Business Enterprise) <input type="checkbox"/> DVBE (Disabled Veteran Business Enterprise)	
	ABILITY ONE PROGRAM: (for disabled businesses) <input type="checkbox"/> Ability One	
	CERTIFICATION – REQUIRED FOR U.S. ENTITIES AND CITIZENS	
	4 Under penalties of perjury, I certify that: (1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and (3) I am a U.S. citizen or other person (defined in the instructions). You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.	
SIGNATURE (required for U.S. entities and citizens) 		DATE November, , 2014.
PRINTED NAME Lic. Rubén Sánchez Vences, Legal Representative, In		TITLE

Guide to Completing the Substitute W-9 and Vendor Information Form

WHO COMPLETES THE SUBSTITUTE W-9 AND VENDOR INFORMATION FORM?

- The vendor or authorized vendor representative completes and signs the Substitute W-9 and Vendor Information form.

WHO SUBMITS THE FORM TO VENDORING?

- Vendor or Department can submit a completed form. If the vendor submits the form, section 2 for UC Berkeley staff contact information must be complete.

WHERE SHOULD THE FORM BE SENT?

- The completed form should be faxed to UC Berkeley Vendoring .
Fax: 510-642-8604

Helpful Instructions for Completing the Substitute W-9 and Vendor Information Form

TYPE OF REQUEST?

- **NEW VENDOR REQUEST**- New supplier or new individual providing a product or service when doing business with UC Berkeley
- **UPDATE EXISTING VENDOR**- Changes/updates to existing vendor information
- **NEW INDIVIDUAL**- To whom payment is due. Can be reimbursement, honorarium or subject or research participant payment
- **REFUND VENDOR**- Refund due for only cash or check payment

SUPPLIER INFORMATION

- **NAME** – Name used in IRS tax reporting. Must correspond to the social security number or employer identification number
- **BUSINESS NAME/DBA** – Name of the company, if different from legal name
- **PARENT COMPANY NAME**– Name of the parent company, if subsidiary completing the form
- **ORDER ADDRESS** – Primary business location
- **REMITTANCE ADDRESS** – Address where payments are sent, if different from primary address
- **ORDER PHONE NUMBER** – Primary business telephone number
- **PURCHASE ORDER EMAIL** – Email address to send Purchase Orders to
- **PURCHASE ORDER FAX NUMBER** – Fax number for UCB to send Purchase Orders to
- **CONTACT** – Vendor contact name
- **FEDERAL TAX CLASSIFICATION** – Select the applicable tax classification; check only one (1) type
- **TAXPAYER IDENTIFICATION NUMBER** – The social security number or employer identification number, required
- **DUN & BRADSTREET NUMBER** – The unique 9 digit identification number assigned to your business, if applicable
- **UNSPSC CODE** – United Nations Standard Products and Services Code (www.unspsc.org) or the description of business or services providing to UC Berkeley , if applicable

UC BERKELEY STAFF CONTACT INFORMATION

- **UC BERKELEY STAFF CONTACT** – Name, phone number and email address for the UC Berkeley staff contact who requested you to complete the form

BUSINESS TYPE/CLASSIFICATION

- **BUSINESS SIZE, OWNER GENDER, VENDOR CLASSIFICATION** – select the appropriate options
- **GOVERNMENT CLASSIFICATIONS** – select all for which the business has self-certified as defined in the System for Award Management or on the State of California Contract Registration e-Procurement website

CERTIFICATION

- Vendor or authorized payee representative must sign the Certification. Required for U.S. entities and citizens

Substitute W-9 Form Disclosures

AFFIDAVIT

The signatory of this document affirms they are authorized to represent the company. The signatory confirms that the number shown on this form is the company's correct taxpayer identification number. He or she hereby certifies under penalty of perjury under the laws of the State of California that the information provided on this document is true and correct as it pertains to company's business size and classifications as defined by the federal Small Business Administration's (SBA) business size standards and other business classifications. Any misrepresentation may prevent the company from doing business with UC Berkeley, and be subject to any other penalties allowed by law. If any of the business information on this form changes, the vendor is responsible for advising and resubmitting a form with the new information back to UC Berkeley's Procurement Services Vendoring Group.

PRIVACY NOTIFICATIONS

FEDERAL

Pursuant to the Federal Privacy Act of 1974 (as of 2001) protects individuals by regulating when and how local, state and federal government and their agencies can request individuals to disclose their Social Security Number (SSN) and by requiring that Social Security Numbers must be maintained as confidential by those local, state and federal government and agencies.

STATE

If any type of personal information is requested or volunteered by the user, State law, including the Information Practices Act of 1977, Government Code Section 11105.5 and the federal Privacy Act of 1974 may protect it. Information provided in this form, with the exception of a Social Security Number or federal tax identification, may be a public record and could be subject to public inspection and copying if not otherwise protected by federal or State law.

INSURANCE REQUIREMENTS

Insurance requirements are based on degree of risk rather than the dollar value of the contract, and will be reviewed with vendor prior to commencing business. Coverage must be current and in place at the time when a vendor is actively doing business with Berkeley. All insurance policies shall be subject to review and approval by the University, including submitting the firm's current certificate of insurance.

PRIVACY ACT NOTICE:

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who are required to file information returns with the IRS to report interest, dividends, and certain other income paid to you; mortgage interest you paid, the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, or Archer MSA or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply for providing false or fraudulent information.

PENALTIES:

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

ADDITIONAL INSTRUCTIONS: See IRS Form W-9, Request for Taxpayer Identification and Certification.

SECRETARÍA GENERAL

Ciudad de México a 21 de agosto de 2014

SG/038/2014

Estimada **Caroline Dickinson**
Health Initiative of the Americas
Presente

En el marco del Programa de Investigación en Migración y Salud 2013-2014, el Instituto de Investigaciones Dr. José María Luis Mora celebra la participación de la Dra. Leticia Calderón, Profesora Investigadora de tiempo completo, en el proyecto titulado: "El Síndrome de Ulises en los migrantes económicos y políticos provenientes de México".

Asimismo, yo, el abajo firmante, en mi calidad de Representante Legal del Instituto Mora, le externo mi aprobación para que el Instituto Mora reciba y gestione internamente los recursos derivados del financiamiento al proyecto arriba mencionado.

En este sentido, le solicito de la manera más atenta, que los recursos destinados a las actividades que se desprendan del trabajo de la Dra. Leticia Calderón, sean depositados al Instituto Mora con la finalidad de que se administren internamente.

Reciba un cordial saludo.



Rubén Sánchez Vences
Secretario General

Instituto de Investigaciones Dr. José María Luis Mora
Plaza Valentín Gómez Farías 12, San Juan Mixcoac 03730, México, D. F.
Tel. 5598 37 77 Fax 5563-71-6