

16. ESTIMATED PROJECT FUNDING

a. * Total Estimated Project Funding	1,925,000.00
b. * Total Federal & Non-Federal Funds	1,925,000.00
c. * Estimated Program Income	0.00

17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE:

b. NO PROGRAM IS NOT COVERED BY E.O. 12372; OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

* I agree

* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

19. Authorized Representative

Prefix: * First Name: Middle Name: * Last Name: Suffix:

Mr. John W. Talbott

* Position/Title: Asst. V.P. for Research Admin. * Organization: Indiana University

Department: Office of Research Admin. Division:

* Street1: 620 Union Drive, Room 518 Street2:

* City: Indianapolis County: Marion * State: IN: Indiana

Province: * Country: JNITED ST * ZIP / Postal Code: 46202-5167

* Phone Number: 317-278-3473 Fax Number: 317-274-5932 * Email: spon2@iupui.edu

* Signature of Authorized Representative

Completed on submission to Grants.gov

* Date Signed

Completed on submission to Grants.gov

20. Pre-application

21. Attach an additional list of Project Congressional Districts if needed.

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Project Director/Principal Investigator

Prefix	* First Name	Middle Name	* Last Name	Suffix
<input type="text"/>	PIFirstName	<input type="text"/>	PILastName	<input type="text"/>
Position/Title: <input type="text" value="e.g. Asst. Professor"/>		Department: <input type="text" value="e.g. Biochemistry"/>		
Organization Name: <input type="text" value="Indiana University"/>		Division: <input type="text"/>		
* Street1: <input type="text" value="PIStreet"/>		Street2: <input type="text"/>		
* City: <input type="text" value="Indianapolis"/>	County: <input type="text" value="Marion"/>	* State: <input type="text" value="N: Indian"/>	Province: <input type="text"/>	
* Country: <input type="text" value="UNITED ST/"/>	* Zip / Postal Code: <input type="text" value="PIZip"/>			
* Phone Number		Fax Number		* E-Mail
<input type="text" value="PIPhone"/>		<input type="text" value="PIFax"/>		<input type="text" value="PI@email"/>
Credential, e.g., agency login: <input type="text" value="for NIH enter PI NIH Commons user name here"/>				
* Project Role:	<input type="text" value="PD/PI"/>	Other Project Role Category: <input type="text"/>		
*Attach Biographical Sketch	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
Attach Current & Pending Support	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>

PROFILE - Senior/Key Person 1

Prefix	* First Name	Middle Name	* Last Name	Suffix
<input type="text"/>	ColInvestigatorFirstName	<input type="text"/>	ConInvestigatorLastName	<input type="text"/>
Position/Title: <input type="text" value="e.g. Asst. Professor"/>		Department: <input type="text" value="e.g. Microbiolgy"/>		
Organization Name: <input type="text" value="Indiana University"/>		Division: <input type="text"/>		
* Street1: <input type="text" value="ColAddress"/>		Street2: <input type="text"/>		
* City: <input type="text" value="Indianapolis"/>	County: <input type="text"/>	* State: <input type="text" value="N: Indian"/>	Province: <input type="text"/>	
* Country: <input type="text" value="UNITED ST/"/>	* Zip / Postal Code: <input type="text" value="46202"/>			
* Phone Number		Fax Number		* E-Mail
<input type="text" value="ColPhone"/>		<input type="text" value="ColFax"/>		<input type="text" value="Col@email"/>
Credential, e.g., agency login: <input type="text" value="NIH commons user name (optional, unless role is PI-PD)"/>				
* Project Role:	<input type="text" value="Other (Specify)"/>	Other Project Role Category: <input type="text" value="Other Significant Contributor"/>		
*Attach Biographical Sketch	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
Attach Current & Pending Support	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>

RESEARCH & RELATED Other Project Information

1. * Are Human Subjects Involved? Yes No 

1.a If YES to Human Subjects

Is the IRB review Pending? Yes No

IRB Approval Date:

Exemption Number: 1 2 3 4 5 6

Human Subject Assurance Number:


2. * Are Vertebrate Animals Used? Yes No


2.a. If YES to Vertebrate Animals

Is the IACUC review Pending? Yes No

IACUC Approval Date:

Animal Welfare Assurance Number


3. * Is proprietary/privileged information included in the application? Yes No 

4.a. * Does this project have an actual or potential impact on the environment? Yes No 

4.b. If yes, please explain:

4.c. If this project has an actual or potential impact on the environment, has an exemption been authorized or an environmental assessment (EA) or environmental impact statement (EIS) been performed? Yes No


4.d. If yes, please explain:

5.a. * Does this project involve activities outside the U.S. or partnership with International Collaborators? Yes No 

5.b. If yes, identify countries:

5.c. Optional Explanation:

6. * Project Summary/Abstract 

7. * Project Narrative 

8. Bibliography & References Cited

9. Facilities & Other Resources

10. Equipment

11. Other Attachments

RESEARCH & RELATED Project/Performance Site Location(s)

Project/Performance Site Primary Location

Organization Name:

* Street1: Street2:

* City: County: * State:

Province: * Country: * ZIP / Postal Code:

Project/Performance Site Location 1

Organization Name:

* Street1: Street2:

* City: County: * State:

Province: * Country: * ZIP / Postal Code:

Additional Location(s)

OMB Number: 4040-0001
Expiration Date: 04/30/2008

PHS 398 Cover Page Supplement

OMB Number: 0925-0001

Expiration Date: 9/30/2007

1. Project Director / Principal Investigator (PD/PI)

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* New Investigator? No Yes



Degrees:

2. Human Subjects

Clinical Trial? No Yes

* Agency-Defined Phase III Clinical Trial? No Yes

3. Applicant Organization Contact

Person to be contacted on matters involving this application

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* Phone Number: Fax Number:

Email:

* Title:

* Street1:

Street2:

* City:

County:

* State:

Province:


* Country: * Zip / Postal Code:

PHS 398 Research Plan

1. Application Type:

From SF 424 (R&R) Cover Page and PHS398 Checklist. The responses provided on these pages, regarding the type of application being submitted, are repeated for your reference, as you attach the appropriate sections of the research plan.

*Type of Application:

- New
 Resubmission
 Renewal
 Continuation
 Revision
 

2. Research Plan Attachments:

Please attach applicable sections of the research plan, below.

1. Introduction to Application	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
<small>(for RESUBMISSION or REVISION only)</small>				
2. Specific Aims		Add Attachment	Delete Attachment	View Attachment
3. Background and Significance	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
4. Preliminary Studies / Progress Report	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
5. Research Design and Methods	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
6. Inclusion Enrollment Report	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
7. Progress Report Publication List	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment


Human Subjects Sections



Attachments 8-11 apply only when you have answered "yes" to the question "are human subjects involved" on the R&R Other Project Information Form. In this case, attachments 8-11 may be required, and you are encouraged to consult the Application guide instructions and/or the specific Funding Opportunity Announcement to determine which sections must be submitted with this application.

8. Protection of Human Subjects	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
9. Inclusion of Women and Minorities	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
10. Targeted/Planned Enrollment	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
11. Inclusion of Children	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment

Other Research Plan Sections

12. Vertebrate Animals		Add Attachment	Delete Attachment	View Attachment
13. Select Agent Research	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
14. Multiple PI Leadership Plan		Add Attachment	Delete Attachment	View Attachment
15. Consortium/Contractual Arrangements	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
16. Letters of Support	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
17. Resource Sharing Plan(s)	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment

18. Appendix

PHS 398 Checklist

OMB Number: 0925-0001

Expiration Date: 9/30/2007

1. Application Type:

From SF 424 (R&R) Cover Page. The responses provided on the R&R cover page are repeated here for your reference, as you answer the questions that are specific to the PHS398.

* Type of Application:

New Resubmission Renewal Continuation Revision



Federal Identifier:

2. Change of Investigator / Change of Institution Questions

Change of principal investigator / program director

Name of former principal investigator / program director:

Prefix:

* First Name:

Middle Name:

* Last Name:

Suffix:

Change of Grantee Institution

* Name of former institution:

3. Inventions and Patents (For renewal applications only)

* Inventions and Patents: Yes No

If the answer is "Yes" then please answer the following:

* Previously Reported: Yes No

4. * Program Income

Is program income anticipated during the periods for which the grant support is requested?

Yes No

If you checked "yes" above (indicating that program income is anticipated), then use the format below to reflect the amount and source(s). Otherwise, leave this section blank.

*Budget Period	*Anticipated Amount (\$)	*Source(s)
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

5. Assurances/Certifications (see instructions)

In agreeing to the assurances/certification section 18 on the SF424 (R&R) form, the authorized organizational representative agrees to comply with the policies, assurances and/or certifications listed in the agency's application guide, when applicable. Descriptions of individual assurances/certifications are provided at: <http://grants.nih.gov/grants/funding/424>

If unable to certify compliance, where applicable, provide an explanation and attach below.

Explanation:

PHS 398 Cover Letter

OMB Number: 0925-0001

Expiration Date: 9/30/2007

*Mandatory Cover Letter Filename:



Add Cover Letter File

Delete Cover Letter File

View Cover Letter File

PHS 398 Modular Budget, Periods 1 and 2



OMB Number: 0925-0001
Expiration Date: 9/30/2007

Budget Period: 1

 Start Date:

 End Date:

A. Direct Costs

	* Funds Requested (\$)
* Direct Cost less Consortium F&A	<input type="text" value="250,000.00"/>
Consortium F&A	<input type="text"/>
* Total Direct Costs	<input type="text" value="250,000.00"/>

B. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input type="text" value="MTDC"/>	<input type="text" value="54"/>	<input type="text" value="250,000.00"/>	<input type="text" value="135,000.00"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Cognizant Agency (Agency Name, POC Name and Phone Number)

Indirect Cost Rate Agreement Date

C. Total Direct and Indirect Costs (A + B)

Funds Requested (\$)

Budget Period: 2

 Start Date:

 End Date:

A. Direct Costs

	* Funds Requested (\$)
* Direct Cost less Consortium F&A	<input type="text" value="250,000.00"/>
Consortium F&A	<input type="text"/>
* Total Direct Costs	<input type="text" value="250,000.00"/>

B. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input type="text" value="MTDC"/>	<input type="text" value="54"/>	<input type="text" value="250,000.00"/>	<input type="text" value="135,000.00"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Cognizant Agency (Agency Name, POC Name and Phone Number)

Indirect Cost Rate Agreement Date

C. Total Direct and Indirect Costs (A + B)

Funds Requested (\$)

PHS 398 Modular Budget, Periods 3 and 4

OMB Number: 0925-0001

Expiration Date: 9/30/2007

Budget Period: 3

Start Date:

End Date:

A. Direct Costs

* Funds Requested (\$)

* Direct Cost less Consortium F&A	<input type="text" value="250,000.00"/>
Consortium F&A	<input type="text"/>
* Total Direct Costs	<input type="text" value="250,000.00"/>

B. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input type="text" value="MTDC"/>	<input type="text" value="54"/>	<input type="text" value="250,000.00"/>	<input type="text" value="135,000.00"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Cognizant Agency (Agency Name, POC Name and Phone Number)

Indirect Cost Rate Agreement Date Total Indirect Costs

C. Total Direct and Indirect Costs (A + B)

Funds Requested (\$)

Budget Period: 4

Start Date:

End Date:

A. Direct Costs

* Funds Requested (\$)

* Direct Cost less Consortium F&A	<input type="text" value="250,000.00"/>
Consortium F&A	<input type="text"/>
* Total Direct Costs	<input type="text" value="250,000.00"/>

B. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input type="text" value="MTDC"/>	<input type="text" value="54"/>	<input type="text" value="250,000.00"/>	<input type="text" value="135,000.00"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Cognizant Agency (Agency Name, POC Name and Phone Number)

Indirect Cost Rate Agreement Date Total Indirect Costs

C. Total Direct and Indirect Costs (A + B)

Funds Requested (\$)

PHS 398 Modular Budget, Period 5 and Cumulative

OMB Number: 0925-0001

Expiration Date: 9/30/2007

Budget Period: 5

Start Date:

End Date:

A. Direct Costs

	* Funds Requested (\$)
* Direct Cost less Consortium F&A	<input type="text" value="250,000.00"/>
Consortium F&A	<input type="text"/>
* Total Direct Costs	<input type="text" value="250,000.00"/>

B. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input type="text" value="MTDC"/>	<input type="text" value="54"/>	<input type="text" value="250,000.00"/>	<input type="text" value="135,000.00"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Cognizant Agency (Agency Name, POC Name and Phone Number)

Indirect Cost Rate Agreement Date Total Indirect Costs

C. Total Direct and Indirect Costs (A + B)

Funds Requested (\$)

Cumulative Budget Information

1. Total Costs, Entire Project Period

* Section A, Total Direct Cost less Consortium F&A for Entire Project Period	\$ <input type="text" value="1,250,000.00"/>
Section A, Total Consortium F&A for Entire Project Period	\$ <input type="text"/>
* Section A, Total Direct Costs for Entire Project Period	\$ <input type="text" value="1,250,000.00"/>
* Section B, Total Indirect Costs for Entire Project Period	\$ <input type="text" value="675,000.00"/>
* Section C, Total Direct and Indirect Costs (A+B) for Entire Project Period	\$ <input type="text" value="1,925,000.00"/>



2. Budget Justifications

Personnel Justification	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
Consortium Justification	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
Additional Narrative Justification	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 1



* ORGANIZATIONAL DUNS:

* Budget Type: Project Subaward/Consortium

Enter name of Organization:

* Start Date: * End Date: Budget Period: 1

(If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the form.)

A. Senior/Key Person

	Prefix	* First Name	Middle Name	* Last Name	Suffix	* Project Role	Base Salary (\$)	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)	
1.		PIFirstName		PILastName		PD/PI	100,000.00	6.00			50,000.00	16,665.00	66,665.00	
2.														
3.														
4.														
5.														
6.														
7.														
8.														
9. Total Funds requested for all Senior Key Persons in the attached file														
													Total Senior/Key Person	66,665.00

Additional Senior Key Persons:

B. Other Personnel

* Number of Personnel	* Project Role	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)	
<input type="text" value="2"/>	Post Doctoral Associates	18.00			80,000.00	26,664.00	106,664.00	
<input type="text"/>	Graduate Students							
<input type="text"/>	Undergraduate Students							
<input type="text"/>	Secretarial/Clerical							
<input type="text"/>								
<input type="text"/>								
<input type="text"/>								
<input type="text"/>								
<input type="text"/>								
<input type="text"/>								
<input type="text"/>								
<input type="text" value="2"/>	Total Number Other Personnel	Total Other Personnel						106,664.00
							Total Salary, Wages and Fringe Benefits (A+B)	173,329.00

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 1

* ORGANIZATIONAL DUNS:

* Budget Type: Project Subaward/Consortium

Enter name of Organization:

* Start Date: * End Date: Budget Period: 1

(If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the

C. Equipment Description

List items and dollar amount for each item exceeding \$5,000

	Equipment item	* Funds Requested (\$)
1.	<input type="text" value="machine"/>	<input type="text" value="25,000.00"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>
11.	Total funds requested for all equipment listed in the attached file	<input type="text"/>
	Total Equipment	<input type="text" value="25,000.00"/>

Additional Equipment:

D. Travel

	Funds Requested (\$)
1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	<input type="text" value="2,000.00"/>
2. Foreign Travel Costs	<input type="text"/>
Total Travel Cost	<input type="text" value="2,000.00"/>

E. Participant/Trainee Support Costs

	Funds Requested (\$)
1. Tuition/Fees/Health Insurance	<input type="text"/>
2. Stipends	<input type="text"/>
3. Travel	<input type="text"/>
4. Subsistence	<input type="text"/>
5. Other <input type="text"/>	<input type="text"/>
<input type="text"/> Number of Participants/Trainees Total Participant/Trainee Support Costs	<input type="text"/>

RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 1

Next Period

* ORGANIZATIONAL DUNS: 6030079020000

* Budget Type: Project Subaward/Consortium

Enter name of Organization: Indiana University

Reset Entries * Start Date: 07/01/2008 * End Date: 06/30/2009 Budget Period: 1

(If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the

F. Other Direct Costs	Funds Requested (\$)
1. Materials and Supplies	75,000.00
2. Publication Costs	5,000.00
3. Consultant Services	2,000.00
4. ADP/Computer Services	
5. Subawards/Consortium/Contractual Costs	30,000.00
6. Equipment or Facility Rental/User Fees	
7. Alterations and Renovations	
8. <input type="text"/>	
9. <input type="text"/>	
10. <input type="text"/>	
Total Other Direct Costs	112,000.00

G. Direct Costs	Funds Requested (\$)
Total Direct Costs (A thru F)	312,329.00

H. Indirect Costs	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	MTDC	54	283,329.00	152,998.00
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Indirect Costs				152,998.00

Cognizant Federal Agency: DHHS, Denise Shirlee, 214-767-3313
 (Agency Name, POC Name, and POC Phone Number)

I. Total Direct and Indirect Costs	Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)	465,327.00

J. Fee	Funds Requested (\$)
	<input type="text"/>

K. * Budget Justification Add Attachment Delete Attachment View Attachment
 (Only attach one file.)

RESEARCH & RELATED BUDGET - Cumulative Budget

		Totals (\$)
Section A, Senior/Key Person		66,665.00
Section B, Other Personnel		106,664.00
Total Number Other Personnel	2	
Total Salary, Wages and Fringe Benefits (A+B)		173,329.00
Section C, Equipment		25,000.00
Section D, Travel		2,000.00
1. Domestic	2,000.00	
2. Foreign		
Section E, Participant/Trainee Support Costs		
1. Tuition/Fees/Health Insurance		
2. Stipends		
3. Travel		
4. Subsistence		
5. Other		
6. Number of Participants/Trainees		
Section F, Other Direct Costs		112,000.00
1. Materials and Supplies	75,000.00	
2. Publication Costs	5,000.00	
3. Consultant Services	2,000.00	
4. ADP/Computer Services		
5. Subawards/Consortium/Contractual Costs	30,000.00	
6. Equipment or Facility Rental/User Fees		
7. Alterations and Renovations		
8. Other 1		
9. Other 2		
10. Other 3		
Section G, Direct Costs (A thru F)		312,329.00
Section H, Indirect Costs		152,998.00
Section I, Total Direct and Indirect Costs (G + H)		465,327.00
Section J, Fee		



R&R SUBAWARD BUDGET ATTACHMENT(S) FORM



Instructions: On this form, you will attach the R&R Subaward Budget files for your grant application. Complete the subawardee budget(s) in accordance with the R&R budget instructions. Please remember that any files you attach must be a Pure Edge document.


[Click here to extract the R&R Subaward Budget Attachment](#)

Important: Please attach your subawardee budget file(s) with the file name of the subawardee organization. Each file name must be unique.

1) Please attach Attachment 1	SubcontractBudget.xfd	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2		Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3		Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4		Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5		Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6		Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7		Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8		Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9		Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10		Add Attachment	Delete Attachment	View Attachment

OMB Number: 4040-0001
Expiration Date: 04/30/2008

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 1

* ORGANIZATIONAL DUNS: 

* Budget Type: Project Subaward/Consortium

Enter name of Organization:

* Start Date: * End Date: Budget Period: 1

(If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the form.)

A. Senior/Key Person

	Prefix	* First Name	Middle Name	* Last Name	Suffix	* Project Role	Base Salary (\$)	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)
1.		SubPIFirstName		SubPILastName		PD/PI	100,000.00	1.20			10,000.00	1,000.00	11,000.00
2.													
3.													
4.													
5.													
6.													
7.													
8.													

9. Total Funds requested for all Senior Key Persons in the attached file

Total Senior/Key Person

Additional Senior Key Persons:

B. Other Personnel

* Number of Personnel	* Project Role	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)	
<input type="text"/>	Post Doctoral Associates	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Graduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Undergraduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Secretarial/Clerical	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Total Number Other Personnel						Total Other Personnel	<input type="text"/>

Total Salary, Wages and Fringe Benefits (A+B)

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 1

* ORGANIZATIONAL DUNS:

* Budget Type: Project Subaward/Consortium

Enter name of Organization:

* Start Date: * End Date: Budget Period: 1

(If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the form.)

C. Equipment Description

List items and dollar amount for each item exceeding \$5,000

	Equipment item	* Funds Requested (\$)
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>
11.	Total funds requested for all equipment listed in the attached file	<input type="text"/>
	Total Equipment	<input type="text"/>

Additional Equipment:

D. Travel

		Funds Requested (\$)
1.	Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	1,000.00
2.	Foreign Travel Costs	<input type="text"/>
	Total Travel Cost	1,000.00

E. Participant/Trainee Support Costs

		Funds Requested (\$)
1.	Tuition/Fees/Health Insurance	<input type="text"/>
2.	Stipends	<input type="text"/>
3.	Travel	<input type="text"/>
4.	Subsistence	<input type="text"/>
5.	Other <input type="text"/>	<input type="text"/>
<input type="text"/>	Number of Participants/Trainees	<input type="text"/>
	Total Participant/Trainee Support Costs	<input type="text"/>

RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 1

Next Period

* ORGANIZATIONAL DUNS:

* Budget Type: Project Subaward/Consortium

Enter name of Organization:

* Start Date: * End Date: Budget Period: 1

(If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the form.)

F. Other Direct Costs	Funds Requested (\$)
1. Materials and Supplies	<input type="text" value="8,000.00"/>
2. Publication Costs	<input type="text"/>
3. Consultant Services	<input type="text"/>
4. ADP/Computer Services	<input type="text"/>
5. Subawards/Consortium/Contractual Costs	<input type="text"/>
6. Equipment or Facility Rental/User Fees	<input type="text"/>
7. Alterations and Renovations	<input type="text"/>
8. <input type="text"/>	<input type="text"/>
9. <input type="text"/>	<input type="text"/>
10. <input type="text"/>	<input type="text"/>
Total Other Direct Costs	<input type="text" value="8,000.00"/>

G. Direct Costs Funds Requested (\$)

Total Direct Costs (A thru F)


H. Indirect Costs	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
Indirect Cost Type			
1. MTDC	<input type="text" value="50"/>	<input type="text" value="20,000.00"/>	<input type="text" value="10,000.00"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Indirect Costs			<input type="text" value="10,000.00"/>

Cognizant Federal Agency
 (Agency Name, POC Name, and POC Phone Number)

I. Total Direct and Indirect Costs Funds Requested (\$)

Total Direct and Indirect Institutional Costs (G + H)

J. Fee Funds Requested (\$)

K. * Budget Justification 

(Only attach one file.)

RESEARCH & RELATED BUDGET - Cumulative Budget

		Totals (\$)
Section A, Senior/Key Person		11,000.00
Section B, Other Personnel		
Total Number Other Personnel	0	
Total Salary, Wages and Fringe Benefits (A+B)		11,000.00
Section C, Equipment		
Section D, Travel		1,000.00
1. Domestic	1,000.00	
2. Foreign		
Section E, Participant/Trainee Support Costs		
1. Tuition/Fees/Health Insurance		
2. Stipends		
3. Travel		
4. Subsistence		
5. Other		
6. Number of Participants/Trainees		
Section F, Other Direct Costs		8,000.00
1. Materials and Supplies	8,000.00	
2. Publication Costs		
3. Consultant Services		
4. ADP/Computer Services		
5. Subawards/Consortium/Contractual Costs		
6. Equipment or Facility Rental/User Fees		
7. Alterations and Renovations		
8. Other 1		
9. Other 2		
10. Other 3		
Section G, Direct Costs (A thru F)		20,000.00
Section H, Indirect Costs		10,000.00
Section I, Total Direct and Indirect Costs (G + H)		30,000.00
Section J, Fee		