

RESEARCH & RELATED BUDGET - Budget Period 1

OMB Number: 4040-0001
Expiration Date: 6/30/2016

ORGANIZATIONAL DUNS:

Enter name of Organization:

Budget Type: Project Subaward/Consortium

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

A. Senior/Key Person

Prefix	First	Middle	Last	Suffix	Base Salary (\$)	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
						Cal.	Acad.	Sum.			
	Jane		Doe		100,000.00			1.50	16,667.00	3,833.00	20,500.00

Project Role:

	John		Smith		140,000.00			1.00	15,425.00	2,777.00	18,202.00
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Project Role:

Additional Senior Key Persons:

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

Total Senior/Key Person

B. Other Personnel

Number of Personnel	Project Role	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
		Cal.	Acad.	Sum.			
<input type="text" value="1"/>	Post Doctoral Associates	12.00			50,000.00	26,000.00	76,000.00
<input type="text" value="1"/>	Graduate Students	12.00			25,000.00	1,927.00	26,927.00
<input type="text" value="1"/>	Undergraduate Students	12.00			9,600.00	768.00	10,368.00
<input type="text"/>	Secretarial/Clerical						
<input type="text"/>	<input type="text"/>						

Total Number Other Personnel **Total Other Personnel**

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

C. Equipment Description

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

Equipment item	Funds Requested (\$)
Database Server	10,000.00

Additional Equipment:

Add Attachment

Delete Attachment

View Attachment

Total funds requested for all equipment listed in the attached file

Total Equipment

10,000.00

D. Travel

Funds Requested (\$)

1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	8,050.00
2. Foreign Travel Costs	
Total Travel Cost	8,050.00

E. Participant/Trainee Support Costs

Funds Requested (\$)

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

F. Other Direct Costs

		Funds Requested (\$)
1.	Materials and Supplies	30,000.00
2.	Publication Costs	2,000.00
3.	Consultant Services	
4.	ADP/Computer Services	
5.	Subawards/Consortium/Contractual Costs	75,000.00
6.	Equipment or Facility Rental/User Fees	
7.	Alterations and Renovations	
8.	GRA Tuition	17,726.00
9.		
10.		
Total Other Direct Costs		124,726.00

G. Direct Costs

		Funds Requested (\$)
Total Direct Costs (A thru F)		294,773.00

H. Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
MTDC	51.00	217,047.00	110,694.00
Total Indirect Costs			110,694.00

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

DHHS, Darryl W. Mayes, (301) 492-4855

I. Total Direct and Indirect Costs

		Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)		405,467.00

J. Fee

Funds Requested (\$)

K. Budget Justification

(Only attach one file.)

NIH R01 - Detailed Budget Justificatio

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RESEARCH & RELATED BUDGET - Budget Period 2

OMB Number: 4040-0001
Expiration Date: 6/30/2016

ORGANIZATIONAL DUNS:

Enter name of Organization:

Budget Type: Project Subaward/Consortium

Budget Period: 2 **Start Date:** **End Date:**

A. Senior/Key Person

Prefix	First	Middle	Last	Suffix	Base Salary (\$)	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
						Cal.	Acad.	Sum.			
	Jane		Doe					1.50	17,167.00	3,948.00	21,115.00

Project Role:

	John		Smith					1.00	15,425.00	2,777.00	18,202.00
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Project Role:

Additional Senior Key Persons:

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

Total Senior/Key Person

B. Other Personnel

Number of Personnel	Project Role	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
		Cal.	Acad.	Sum.			
<input type="text" value="1"/>	Post Doctoral Associates	12.00			51,500.00	26,780.00	78,280.00
<input type="text" value="1"/>	Graduate Students	12.00			25,750.00	2,120.00	27,870.00
<input type="text" value="1"/>	Undergraduate Students	12.00			9,888.00	791.00	10,679.00
<input type="text"/>	Secretarial/Clerical						
<input type="text"/>							

Total Number Other Personnel **Total Other Personnel**

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

C. Equipment Description

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

Equipment item

Funds Requested (\$)

Additional Equipment:

Add Attachment

Delete Attachment

View Attachment

Total funds requested for all equipment listed in the attached file

Total Equipment

D. Travel

Funds Requested (\$)

1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)

8,050.00

2. Foreign Travel Costs

Total Travel Cost

8,050.00

E. Participant/Trainee Support Costs

Funds Requested (\$)

1. Tuition/Fees/Health Insurance

2. Stipends

3. Travel

4. Subsistence

5. Other

Number of Participants/Trainees

Total Participant/Trainee Support Costs

F. Other Direct Costs

		Funds Requested (\$)
1.	Materials and Supplies	30,000.00
2.	Publication Costs	2,000.00
3.	Consultant Services	
4.	ADP/Computer Services	
5.	Subawards/Consortium/Contractual Costs	75,000.00
6.	Equipment or Facility Rental/User Fees	
7.	Alterations and Renovations	
8.	GRA Tuition	18,967.00
9.		
10.		
Total Other Direct Costs		125,967.00

G. Direct Costs

		Funds Requested (\$)
Total Direct Costs (A thru F)		290,163.00

H. Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
MTDC	51.00	196,196.00	100,060.00
Total Indirect Costs			100,060.00

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

DHHS, Darryl W. Mayes, (301) 492-4855

I. Total Direct and Indirect Costs

		Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)		390,223.00

J. Fee

Funds Requested (\$)

K. Budget Justification

(Only attach one file.)

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RESEARCH & RELATED BUDGET - Budget Period 3

OMB Number: 4040-0001
Expiration Date: 6/30/2016

ORGANIZATIONAL DUNS:

Enter name of Organization:

Budget Type: Project Subaward/Consortium

Budget Period: 3 Start Date: End Date:

A. Senior/Key Person

Prefix	First	Middle	Last	Suffix	Base Salary (\$)	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
						Cal.	Acad.	Sum.			
	Jane		Doe					1.50	17,682.00	4,067.00	21,749.00

Project Role:

	John		Smith					1.00	15,425.00	2,777.00	18,202.00
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Project Role:

Additional Senior Key Persons: Total Funds requested for all Senior Key Persons in the attached file

Total Senior/Key Person

B. Other Personnel

Number of Personnel	Project Role	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
		Cal.	Acad.	Sum.			
<input type="text" value="1"/>	Post Doctoral Associates	12.00			53,045.00	27,583.00	80,628.00
<input type="text" value="1"/>	Graduate Students	12.00			26,522.00	2,332.00	28,854.00
<input type="text" value="1"/>	Undergraduate Students	12.00			10,185.00	815.00	11,000.00
<input type="text"/>	Secretarial/Clerical						
<input type="text"/>	<input type="text"/>						

Total Number Other Personnel Total Other Personnel

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

C. Equipment Description

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

Equipment item

Funds Requested (\$)

Additional Equipment:

Add Attachment

Delete Attachment

View Attachment

Total funds requested for all equipment listed in the attached file

Total Equipment

D. Travel

Funds Requested (\$)

1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)

8,050.00

2. Foreign Travel Costs

Total Travel Cost

8,050.00

E. Participant/Trainee Support Costs

Funds Requested (\$)

1. Tuition/Fees/Health Insurance

2. Stipends

3. Travel

4. Subsistence

5. Other

Number of Participants/Trainees

Total Participant/Trainee Support Costs

F. Other Direct Costs

		Funds Requested (\$)
1.	Materials and Supplies	30,000.00
2.	Publication Costs	2,000.00
3.	Consultant Services	
4.	ADP/Computer Services	
5.	Subawards/Consortium/Contractual Costs	75,000.00
6.	Equipment or Facility Rental/User Fees	
7.	Alterations and Renovations	
8.	GRA Tuition	20,295.00
9.		
10.		
Total Other Direct Costs		127,295.00

G. Direct Costs

		Funds Requested (\$)
Total Direct Costs (A thru F)		295,778.00

H. Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
MTDC	51.00	200,483.00	102,246.00
Total Indirect Costs			102,246.00

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

DHHS, Darryl W. Mayes, (301) 492-4855

I. Total Direct and Indirect Costs

		Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)		398,024.00

J. Fee

Funds Requested (\$)

K. Budget Justification

(Only attach one file.)

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RESEARCH & RELATED BUDGET - Budget Period 4

OMB Number: 4040-0001
Expiration Date: 6/30/2016

ORGANIZATIONAL DUNS:

Enter name of Organization:

Budget Type: Project Subaward/Consortium

Budget Period: 4 Start Date: End Date:

A. Senior/Key Person

Prefix	First	Middle	Last	Suffix	Base Salary (\$)	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
						Cal.	Acad.	Sum.			
	Jane		Doe					1.50	18,212.00	4,189.00	22,401.00

Project Role:

	John		Smith					1.00	15,425.00	2,777.00	18,202.00
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Project Role:

Additional Senior Key Persons: Total Funds requested for all Senior Key Persons in the attached file

Total Senior/Key Person

B. Other Personnel

Number of Personnel	Project Role	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
		Cal.	Acad.	Sum.			
<input type="text" value="1"/>	Post Doctoral Associates	12.00			54,636.00	28,411.00	83,047.00
<input type="text" value="1"/>	Graduate Students	12.00			27,318.00	2,565.00	29,883.00
<input type="text" value="1"/>	Undergraduate Students	12.00			10,490.00	839.00	11,329.00
<input type="text"/>	Secretarial/Clerical						
<input type="text"/>							

Total Number Other Personnel Total Other Personnel

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

C. Equipment Description

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

Equipment item

Funds Requested (\$)

Additional Equipment:

Add Attachment

Delete Attachment

View Attachment

Total funds requested for all equipment listed in the attached file

Total Equipment

D. Travel

Funds Requested (\$)

1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)

8,050.00

2. Foreign Travel Costs

Total Travel Cost

8,050.00

E. Participant/Trainee Support Costs

Funds Requested (\$)

1. Tuition/Fees/Health Insurance

2. Stipends

3. Travel

4. Subsistence

5. Other

Number of Participants/Trainees

Total Participant/Trainee Support Costs

F. Other Direct Costs

		Funds Requested (\$)
1.	Materials and Supplies	30,000.00
2.	Publication Costs	2,000.00
3.	Consultant Services	
4.	ADP/Computer Services	
5.	Subawards/Consortium/Contractual Costs	75,000.00
6.	Equipment or Facility Rental/User Fees	
7.	Alterations and Renovations	
8.	GRA Tuition	21,716.00
9.		
10.		
Total Other Direct Costs		128,716.00

G. Direct Costs

		Funds Requested (\$)
Total Direct Costs (A thru F)		301,628.00

H. Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
MTDC	51.00	204,912.00	104,505.00
Total Indirect Costs			104,505.00

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

DHHS, Darryl W. Mayes, (301) 492-4855

I. Total Direct and Indirect Costs

		Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)		406,133.00

J. Fee

Funds Requested (\$)

K. Budget Justification

(Only attach one file.)

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RESEARCH & RELATED BUDGET - Budget Period 5

OMB Number: 4040-0001
Expiration Date: 6/30/2016

ORGANIZATIONAL DUNS:

Enter name of Organization:

Budget Type: Project Subaward/Consortium

Budget Period: 5 **Start Date:** **End Date:**

A. Senior/Key Person

Prefix	First	Middle	Last	Suffix	Base Salary (\$)	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
						Cal.	Acad.	Sum.			
	Jane		Doe					1.50	18,758.00	4,314.00	23,072.00

Project Role:

	John		Smith					1.00	15,425.00	2,777.00	18,202.00
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Project Role:

Additional Senior Key Persons:

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

Total Senior/Key Person

B. Other Personnel

Number of Personnel	Project Role	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
		Cal.	Acad.	Sum.			
<input type="text" value="1"/>	Post Doctoral Associates	12.00			56,275.00	29,263.00	85,538.00
<input type="text" value="1"/>	Graduate Students	12.00			28,138.00	2,822.00	30,960.00
<input type="text" value="1"/>	Undergraduate Students	12.00			10,805.00	864.00	11,669.00
<input type="text"/>	Secretarial/Clerical						
<input type="text"/>							

Total Number Other Personnel **Total Other Personnel**

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

C. Equipment Description

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

Equipment item

Funds Requested (\$)

Additional Equipment:

Add Attachment

Delete Attachment

View Attachment

Total funds requested for all equipment listed in the attached file

Total Equipment

D. Travel

Funds Requested (\$)

1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)

8,050.00

2. Foreign Travel Costs

Total Travel Cost

8,050.00

E. Participant/Trainee Support Costs

Funds Requested (\$)

1. Tuition/Fees/Health Insurance

2. Stipends

3. Travel

4. Subsistence

5. Other

Number of Participants/Trainees

Total Participant/Trainee Support Costs

F. Other Direct Costs

		Funds Requested (\$)
1.	Materials and Supplies	30,000.00
2.	Publication Costs	2,000.00
3.	Consultant Services	
4.	ADP/Computer Services	
5.	Subawards/Consortium/Contractual Costs	75,000.00
6.	Equipment or Facility Rental/User Fees	
7.	Alterations and Renovations	
8.	GRA Tuition	23,236.00
9.		
10.		
Total Other Direct Costs		130,236.00

G. Direct Costs

		Funds Requested (\$)
Total Direct Costs (A thru F)		307,727.00

H. Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
MTDC	51.00	209,491.00	106,840.00
Total Indirect Costs			106,840.00

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

DHHS, Darryl W. Mayes, (301) 492-4855

I. Total Direct and Indirect Costs

		Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)		414,567.00

J. Fee

Funds Requested (\$)

K. Budget Justification

(Only attach one file.)

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RESEARCH & RELATED BUDGET - Cumulative Budget

Totals (\$)

Section A, Senior/Key Person		199,847.00
Section B, Other Personnel		603,032.00
Total Number Other Personnel	15	
Total Salary, Wages and Fringe Benefits (A+B)		802,879.00
Section C, Equipment		10,000.00
Section D, Travel		40,250.00
1. Domestic	40,250.00	
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		636,940.00
1. Materials and Supplies	150,000.00	
2. Publication Costs	10,000.00	
3. Consultant Services		
4. ADP/Computer Services		
5. Subawards/Consortium/Contractual Costs	375,000.00	
6. Equipment or Facility Rental/User Fees		
7. Alterations and Renovations		
8. Other 1	101,940.00	
9. Other 2		
10. Other 3		
Section G, Direct Costs (A thru F)		1,490,069.00
Section H, Indirect Costs		524,345.00
Section I, Total Direct and Indirect Costs (G + H)		2,014,414.00
Section J, Fee		