

Grant Application Package

Opportunity Title:	NIH Research Project Grant (Parent R01)
Offering Agency:	National Institutes of Health
CFDA Number:	
CFDA Description:	
Opportunity Number:	PA-16-160
Competition ID:	FORMS-D
Opportunity Open Date:	04/17/2016
Opportunity Close Date:	05/07/2019
Agency Contact:	eRA Service Desk Monday to Friday 7 am to 8 pm ET http://grants.nih.gov/support/

All fields that are yellow with a red border or marked with a * are mandatory and must be completed before submission

Filing name can be any name that will help identify the application

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

Application Filing Name:

Select Forms to Complete

Mandatory All mandatory documents must be completed.

[SF424 \(R & R\)](#)

[PHS 398 Cover Page Supplement](#)

[Research And Related Other Project Information](#)

[Project/Performance Site Location\(s\)](#)

[Research and Related Senior/Key Person Profile \(Expanded\)](#)

[PHS 398 Research Plan](#)

Optional

[Research & Related Budget](#)

[R & R Subaward Budget Attachment\(s\) Form 5 YR 30 ATT](#)

[PHS 398 Modular Budget](#)

[PHS 398 Inclusion Enrollment Report](#)

[PHS Assignment Request Form](#)

The Research & Related Budget box should be checked to enable completion of the detailed budget

PHS 398 Inclusion Enrollment Report is required only for NIH defined clinical trials.

Instructions

[Show Instructions >>](#)

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R)

3. DATE RECEIVED BY STATE	State Application Identifier
<input type="text"/>	<input type="text"/>
4. a. Federal Identifier	<input type="text"/>
b. Agency Routing Identifier	<input type="text"/>
c. Previous Grants.gov Tracking ID	<input type="text"/>

1. TYPE OF SUBMISSION	
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	
2. DATE SUBMITTED	Applicant Identifier
<input type="text"/>	<input type="text"/>

5. APPLICANT INFORMATION		Organizational DUNS: 041544081
Legal Name: UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN		
Department: <input type="text"/>	Division: <input type="text"/>	Note the legal name that should be used for NIH proposals
Street1: 1901 S. First Street, Suite A	Street2: <input type="text"/>	
City: Champaign	County / Parish: <input type="text"/>	
State: IL: Illinois	Province: <input type="text"/>	
Country: USA: UNITED STATES	ZIP / Postal Code: 61820-7406	

Person to be contacted on matters involving this application		
Prefix: <input type="text"/>	First Name: David	Middle Name: W.
Last Name: Richardson	Suffix: <input type="text"/>	
Position/Title: <input type="text"/>	Use OSP contact info	
Street1: 1901 S. First Street, Suite A	Street2: <input type="text"/>	
City: Champaign	County / Parish: <input type="text"/>	
State: IL: Illinois	Province: <input type="text"/>	
Country: USA: UNITED STATES	ZIP / Postal Code: 61820-7406	
Phone Number: 217-333-2187	Fax Number: <input type="text"/>	Note the EIN for NIH proposals is slightly different from our standard EIN
Email: <input type="text"/>		

6. EMPLOYER IDENTIFICATION (EIN) or (TIN): 1376000511A6
7. TYPE OF APPLICANT: H: Public/State Controlled Institution of Higher Education
Other (Specify): <input type="text"/>
Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged

8. TYPE OF APPLICATION:	If Revision, mark appropriate box(es).
<input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission	<input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration
<input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<input type="checkbox"/> E. Other (specify): <input type="text"/>
Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies? <input type="text"/>	

9. NAME OF FEDERAL AGENCY: National Institutes of Health	10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE: <input type="text"/>
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11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Title of the Research Project Here
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12. PROPOSED PROJECT:	13. CONGRESSIONAL DISTRICT OF APPLICANT
Start Date: 06/01/2017	Ending Date: 05/31/2020
	IL-013

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: First Name: Middle Name:

Last Name: Suffix:

Position/Title:

Organization Name:

Department: Division:

Street1:

Street2:

City: County / Parish:

State: Province:

Country: ZIP / Postal Code:

Phone Number: Fax Number:

Email:

Use PI contact info

Totals listed in estimated project funding must match totals in R&R budget

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested

b. Total Non-Federal Funds

c. Total Federal & Non-Federal Funds

d. Estimated Program Income

16. 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

17. 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.

18. SFLLL (Disclosure of Lobbying Activities) or other Explanatory Documentation

19. Authorized Representative

Prefix: First Name: Middle Name:

Last Name: Suffix:

Position/Title:

Organization:

Department: Division:

Street1:

Street2:

City: County / Parish:

State: Province:

Country: ZIP / Postal Code:

Phone Number: Fax Number:

Email:

Signature of Authorized Representative

Date Signed

Use OSP contact info

20. Pre-application

21. Cover Letter Attachment

PHS 398 Cover Page Supplement

OMB Number: 0925-0001
Expiration Date: 10/31/2018

1. Human Subjects Section

Clinical Trial? Yes No
*Agency-Defined Phase III Clinical Trial? Yes No

Answer if human subjects was marked "yes" on the R&R Other Project Information Form

2. Vertebrate Animals Section

Are vertebrate animals euthanized? Yes No
If "Yes" to euthanasia
Is method consistent with American Veterinary Medical Association (AVMA) guidelines? Yes No

Answer if vertebrate animals are used on the project

If "No" to AVMA guidelines, describe method and provide scientific justification

3. *Program Income Section

*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="text"/>	<input type="text"/>	<input type="text"/>
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4. Human Embryonic Stem Cells Section

*Does the proposed project involve human embryonic stem cells? Yes No

If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list: <http://stemcells.nih.gov/research/registry/>. Or, if a specific stem cell line cannot be referenced at this time, please check the box indicating that one from the registry will be used:

Specific stem cell line cannot be referenced at this time. One from the registry will be used.

Cell Line(s) (Example: 0004):

PHS 398 Cover Page Supplement

5. Inventions and Patents Section (RENEWAL)

*Inventions and Patents: Yes No

Only complete if application is a renewal

If "Yes" then answer the following:

*Previously Reported: Yes No

6. Change of Investigator / Change of Institution Section

Change of Project Director / Principal Investigator

Name of former Project Director/Principal Investigator:

Prefix:

*First Name:

Middle Name:

*Last Name:

Suffix:

Change of Grantee Institution

*Name of former institution:

RESEARCH & RELATED Other Project Information

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

1. Are Human Subjects Involved? Yes No

1.a. If YES to Human Subjects

Is the Project Exempt from Federal regulations? Yes No

If yes, check appropriate exemption number. 1 2 3 4 5 6

If no, is the IRB review Pending? Yes No

IRB Approval Date:

Human Subject Assurance Number:

Human Subjects and Vertebrate Animals are project specific. If marked "yes", additional materials are needed on the PHS 398 Research Plan page.

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 - positive or negative - 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. Is the research performance site designated, or eligible to be designated, as a historic place? Yes No

5.a. If yes, please explain:

6. Does this project involve activities outside of the United States or partnerships with international collaborators? Yes No

6.a. If yes, identify countries:

6.b. Optional Explanation:

The Summary should be no more than 30 lines of text and the Narrative should only be 2-3 sentences

7. Project Summary/Abstract

8. Project Narrative

9. Bibliography & References Cited

10. Facilities & Other Resources

11. Equipment

12. Other Attachments

All attachments must be in PDF format. Filenames should be no more than 50 characters long, including spaces, and not use the "&" character. Review the specific RFP to determine if additional attachments are required beyond those listed here.

Project/Performance Site Location(s)

Project/Performance Site Primary Location

I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

Although this field is not marked as mandatory, it is a required field for NIH

This address should always be used for the Performance Site

Project/Performance Site Location 1

I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City: County:

* State:

Province:

* Country:

* ZIP / Postal Code: * Project/ Performance Site Congressional District:

Any other location where substantial project work is being performed, typically used for subawards

Additional Location(s)

Add Attachment

Delete Attachment

View Attachment

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Project Director/Principal Investigator				
Prefix:	<input type="text"/>	* First Name: Roger	Middle Name: <input type="text"/>	
* Last Name:	Ebert	Suffix:	<input type="text"/>	
Position/Title:	Assistant Professor	Department:	Chemistry	
Organization Name:	University of Illinois Urbana-Champaign		Division: <input type="text"/>	
* Street1:	234 E. Green Street			
Street2:	<input type="text"/>			
* City:	Champaign	County/ Parish:	<input type="text"/>	
* State:	IL: Illinois	Province:	<input type="text"/>	
* Country:	USA: UNITED STATES	* Zip / Postal Code:	61820-7124	
* Phone Number:	555-555-5555	Fax Number:	<input type="text"/>	
* E-Mail:	ebertr@illinois.edu			
Credential, e.g., agency login:	ROGER_EBERT			
* Project Role:	PD/PI	Other Project Role Category:	<input type="text"/>	
Degree Type:	<input type="text"/>			
Degree Year:	<input type="text"/>			
*Attach Biographical Sketch	<input type="text" value="Biosketch.pdf"/>	<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"/>

Commons ID must be listed for any individual assigned the PD/PI role.

PROFILE - Senior/Key Person 1				
Prefix:	<input type="text"/>	* First Name: Suze	Middle Name: <input type="text"/>	
* Last Name:	Orman	Suffix:	<input type="text"/>	
Position/Title:	Assistant Professor	Department:	Chemistry	
Organization Name:	University of Illinois Urbana-Champaign		Division: <input type="text"/>	
* Street1:	100 E. Green Street			
Street2:	<input type="text"/>			
* City:	Champaign	County/ Parish:	<input type="text"/>	
* State:	IL: Illinois	Province:	<input type="text"/>	
* Country:	USA: UNITED STATES	* Zip / Postal Code:	61820-7124	
* Phone Number:	555-555-5556	Fax Number:	<input type="text"/>	
* E-Mail:	ormans@illinois.edu			
Credential, e.g., agency login:	SUZE_ORMAN			
* Project Role:	Co-Investigator	Other Project Role Category:	<input type="text"/>	
Degree Type:	<input type="text"/>			
Degree Year:	<input type="text"/>			
Attach Biographical Sketch	<input type="text" value="Biosketch.pdf"/>	<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"/>

This field is required by NIH, even though it is not marked as mandatory

Co-Investigator should be used rather than Co-PI. Co-PI role is reserved only for Multiple PD/PI submissions

To ensure proper performance of the Reader, and reopen it.

Individuals who contribute to the scientific development or execution of a project but do not provide measurable effort should be given the project role "Other" and listed as "Other Significant Contributor" in the "Other Project Role Category." Collaborators may also be listed in this field.

Refer to the Table of Page Limits for guidance regarding the attachments to your grant application (<http://grants.nih.gov/grants/how-to-apply-application-guide/format-and-write/table-of-page-limits.htm>)

PHS 398 Research Plan

OMB Number: 0925-0001
Expiration Date: 10/31/2018

Introduction	
1. Introduction to Application (Resubmission and Revision)	<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Research Plan Section	
2. Specific Aims	<input type="text" value="Specific_Aims.pdf"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
3. *Research Strategy	<input type="text" value="Research_Strategy.pdf"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
4. Progress Report Publication List	<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Human Subjects Section	
5. Protection of Human Subjects	<input type="text" value="Protection_of_Human_Subject"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
6. Data Safety Monitoring Plan	<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
7. Inclusion of Women and Minorities	<input type="text" value="Inclusion_of_Women_and_Mino"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
8. Inclusion of Children	<input type="text" value="Inclusion_of_Children.pdf"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Other Research Plan Section	
9. Vertebrate Animals	<input type="text" value="Vertebrate_Animals.pdf"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
10. Select Agent Research	<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
11. Multiple PD/PI Leadership Plan	<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
12. Consortium/Contractual Arrangements	<input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
13. Letters of Support	<input type="text" value="Letters_of_Support.pdf"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
14. Resource Sharing Plan(s)	<input type="text" value="Resource_Sharing_Plan.pdf"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
15. Authentication of Key Biological and/or Chemical Resources	<input type="text" value="Authentication.pdf"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Appendix	
16. Appendix	<input type="button" value="Add Attachments"/> <input type="button" value="Delete Attachments"/> <input type="button" value="View Attachments"/>

Include this attachment only for Resubmission and Revision applications. Refer to the SF 424 Application Guide for the required contents of the Introduction

Attachments must be included in 5, 7, & 8 if Human Subjects was marked "yes" on the R&R Other Project information form. Use field 6 for clinical trials

Attachment required if Vertebrate Animals marked "yes" on R&R Other Project Information Form

Review specific FOA to determine if Resource Sharing Plan is required -- Plans are often required budget request is over a specific threshold

New field in FORMS-D -- Use only if applicable to project

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

Project role for all personnel with the PD/PI role in the Senior/Key Person Profiles must be listed as "PD/PI"

Effort greater than 0 must be listed

Prefix	First	Middle	Last	Suffix	Base Salary (\$)	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
						Cal.	Acad.	Sum.			
	Roger		Ebert		185,100.00			0.50	10,283.00	4,571.00	14,854.00

Project Role:

	Suze		Orman		90,000.00			1.00	10,000.00	4,445.00	14,445.00
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Project Role:

Additional Senior Key Persons:

Add Attachment

Delete Attachment

View Attachment

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			47,476.00	21,103.00	68,579.00
<input type="text" value="1"/>	Graduate Students		9.00	2.00	25,000.00	1,638.00	26,638.00
<input type="text"/>	Undergraduate Students						
<input type="text"/>	Secretarial/Clerical						
<input type="text" value="1"/>	Research Technician	12.00			35,000.00	15,558.00	50,558.00

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 (\$)
High Resolution Microscope	30,000.00

Additional Equipment:

Add Attachment

Delete Attachment

View Attachment

Total funds requested for all equipment listed in the attached file

Total Equipment

30,000.00

D. Travel

Funds Requested (\$)

1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	2,000.00
2. Foreign Travel Costs	4,000.00
Total Travel Cost	6,000.00

E. Participant/Trainee Support Costs

Funds Requested (\$)

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

F. Other Direct Costs

		Funds Requested (\$)
1.	Materials and Supplies	10,000.00
2.	Publication Costs	1,500.00
3.	Consultant Services	
4.	ADP/Computer Services	
5.	Subawards/Consortium/Contractual Costs	
6.	Equipment or Facility Rental/User Fees	
7.	Alterations and Renovations	
8.	Tuition Remission	16,000.00
9.		
10.		
Total Other Direct Costs		27,500.00

G. Direct Costs

		Funds Requested (\$)
Total Direct Costs (A thru F)		238,574.00

H. Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
MTDC	58.60	192,574.00	112,848.00
Total Indirect Costs			112,848.00

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

ONR, Beth Snyder, 703-696-5755

I. Total Direct and Indirect Costs

		Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)		351,422.00

J. Fee

Funds Requested (\$)

K. Budget Justification

(Only attach one file.)

Budget Justification.pdf

Add Attachment

Delete Attachment

View Attachment

Budget Justification should be attached only in budget period 1

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.			
	Roger		Ebert		185,100.00			0.50	10,283.00	4,571.00	14,854.00

Project Role:

	Suze		Orman		92,700.00			0.25	2,575.00	1,145.00	3,720.00
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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			48,900.00	21,736.00	70,636.00
<input type="text" value="1"/>	Graduate Students		9.00	2.00	25,750.00	1,687.00	27,437.00
<input type="text"/>	Undergraduate Students						
<input type="text"/>	Secretarial/Clerical						
<input type="text" value="1"/>	Research Technician	12.00			35,000.00	15,558.00	50,558.00

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 (\$)
<input type="text"/>	<input type="text"/>

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)	2,000.00
2. Foreign Travel Costs	4,000.00
Total Travel Cost	6,000.00

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"/>

F. Other Direct Costs

		Funds Requested (\$)
1.	Materials and Supplies	10,000.00
2.	Publication Costs	1,500.00
3.	Consultant Services	
4.	ADP/Computer Services	
5.	Subawards/Consortium/Contractual Costs	
6.	Equipment or Facility Rental/User Fees	
7.	Alterations and Renovations	
8.	Tuition Remission	16,480.00
9.		
10.		
Total Other Direct Costs		27,980.00

G. Direct Costs

		Funds Requested (\$)
Total Direct Costs (A thru F)		201,185.00

H. Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
MTDC	58.60	184,705.00	108,237.00
Total Indirect Costs			108,237.00

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

ONR, Beth Snyder, 703-696-5755

I. Total Direct and Indirect Costs

		Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)		309,422.00

J. Fee

Funds Requested (\$)

K. Budget Justification

(Only attach one file.)

Budget_Justification.pdf

Add Attachment

Delete Attachment

View Attachment

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.			
	Roger		Ebert		185,100.00			0.50	10,283.00	4,571.00	14,854.00

Project Role:

	Suze		Orman		95,481.00			0.25	2,652.00	1,179.00	3,831.00
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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			47,476.00	21,103.00	68,579.00
<input type="text"/>	Graduate Students						
<input type="text"/>	Undergraduate Students						
<input type="text"/>	Secretarial/Clerical						
<input type="text" value="1"/>	Research Technician	12.00			35,000.00	15,558.00	50,558.00

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 (\$)
<input type="text"/>	<input type="text"/>

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)	<input type="text" value="2,000.00"/>
2. Foreign Travel Costs	<input type="text" value="4,000.00"/>
Total Travel Cost	<input type="text" value="6,000.00"/>

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"/>

F. Other Direct Costs

		Funds Requested (\$)
1.	Materials and Supplies	5,000.00
2.	Publication Costs	1,500.00
3.	Consultant Services	
4.	ADP/Computer Services	
5.	Subawards/Consortium/Contractual Costs	
6.	Equipment or Facility Rental/User Fees	
7.	Alterations and Renovations	
8.		
9.		
10.		
Total Other Direct Costs		6,500.00

G. Direct Costs

		Funds Requested (\$)
Total Direct Costs (A thru F)		150,322.00

H. Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
MTDC	58.60	150,322.00	88,089.00
Total Indirect Costs			88,089.00

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

ONR, Beth Snyder, 703-696-5755

I. Total Direct and Indirect Costs

		Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)		238,411.00

J. Fee

Funds Requested (\$)

K. Budget Justification

(Only attach one file.)

Budget_Justification.pdf

Add Attachment

Delete Attachment

View Attachment

RESEARCH & RELATED BUDGET - Cumulative Budget

Totals (\$)

Section A, Senior/Key Person		66,558.00
Section B, Other Personnel		413,543.00
Total Number Other Personnel	8	
Total Salary, Wages and Fringe Benefits (A+B)		480,101.00
Section C, Equipment		30,000.00
Section D, Travel		18,000.00
1. Domestic	6,000.00	
2. Foreign	12,000.00	
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		61,980.00
1. Materials and Supplies	25,000.00	
2. Publication Costs	4,500.00	
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	32,480.00	
9. Other 2		
10. Other 3		
Section G, Direct Costs (A thru F)		590,081.00
Section H, Indirect Costs		309,174.00
Section I, Total Direct and Indirect Costs (G + H)		899,255.00
Section J, Fee		

Cumulative budget auto-populates