

# 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)

<b>3. DATE RECEIVED BY STATE</b>	<b>State Application Identifier</b>
<input type="text"/>	<input type="text"/>

**1. TYPE OF SUBMISSION**

Pre-application  Application  Changed/Corrected Application

<b>4. a. Federal Identifier</b>	<input type="text"/>
<b>b. Agency Routing Identifier</b>	<input type="text"/>
<b>c. Previous Grants.gov Tracking ID</b>	<input type="text"/>

<b>2. DATE SUBMITTED</b>	<b>Applicant Identifier</b>
<input type="text"/>	<input type="text"/>

**5. APPLICANT INFORMATION**

**Organizational DUNS:**

Legal Name:  ←

Department:  Division:

Street1:

Street2:

City:  County / Parish:

State:  Province:

Country:  ZIP / Postal Code:

Note the legal name that should be used for NIH proposals

Person to be contacted on matters involving this application

Prefix:  First Name:  Middle Name:

Last Name:  Suffix:

Position/Title:

Street1:

Street2:

City:  County / Parish:

State:  Province:

Country:  ZIP / Postal Code:

Phone Number:  Fax Number:

Email:

Use SPA contact info

Note the EIN for NIH proposals is slightly different from our standard EIN

**6. EMPLOYER IDENTIFICATION (EIN) or (TIN):**  ←

**7. TYPE OF APPLICANT:**

Other (Specify):

**Small Business Organization Type**  Women Owned  Socially and Economically Disadvantaged

**8. TYPE OF APPLICATION:**

New  Resubmission  Renewal  Continuation  Revision

If Revision, mark appropriate box(es).  A. Increase Award  B. Decrease Award  C. Increase Duration  D. Decrease Duration  E. Other (specify):

Is this application being submitted to other agencies? Yes  No  What other Agencies?

<b>9. NAME OF FEDERAL AGENCY:</b> <input type="text" value="National Institutes of Health"/>	<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE: <input type="text"/>
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**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**

<b>12. PROPOSED PROJECT:</b>	<b>13. CONGRESSIONAL DISTRICT OF APPLICANT</b>
Start Date: <input type="text" value="06/01/2017"/> Ending Date: <input type="text" value="05/31/2020"/>	<input type="text" value="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 SPA 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	<b>Commons ID must be listed for any individual assigned the PD/PI role.</b>		
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"/>

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	<b>This field is required by NIH, even though it is not marked as mandatory</b>		
Credential, e.g., agency login:	SUZE_ORMAN			
* Project Role:	Co-Investigator	Other Project Role Category:	<input type="text"/>	
Degree Type:	<input type="text"/>	<b>Co-Investigator should be used rather than Co-PI. Co-PI role is reserved only for Multiple PD/PI submissions</b>		
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"/>

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
<b>Total Travel Cost</b>	<b>6,000.00</b>

### 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	
<b>Total Participant/Trainee Support Costs</b>	

**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.		
<b>Total Other Direct Costs</b>		<b>27,500.00</b>

**G. Direct Costs**

		Funds Requested (\$)
<b>Total Direct Costs (A thru F)</b>		<b>238,574.00</b>

**H. Indirect Costs**

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

**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 (\$)
<b>Total Direct and Indirect Institutional Costs (G + H)</b>		<b>351,422.00</b>

**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
<b>Total Travel Cost</b>	<b>6,000.00</b>

### 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"/>
<b>Total Participant/Trainee Support Costs</b>	<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.		
<b>Total Other Direct Costs</b>		<b>27,980.00</b>

**G. Direct Costs**

		Funds Requested (\$)
<b>Total Direct Costs (A thru F)</b>		<b>201,185.00</b>

**H. Indirect Costs**

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

**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 (\$)
<b>Total Direct and Indirect Institutional Costs (G + H)</b>		<b>309,422.00</b>

**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)	2,000.00
2. Foreign Travel Costs	4,000.00
<b>Total Travel Cost</b>	<b>6,000.00</b>

### 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"/>
<b>Total Participant/Trainee Support Costs</b>	<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.		
<b>Total Other Direct Costs</b>		6,500.00

**G. Direct Costs**

		Funds Requested (\$)
<b>Total Direct Costs (A thru F)</b>		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
<b>Total Indirect Costs</b>			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 (\$)
<b>Total Direct and Indirect Institutional Costs (G + H)</b>		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 (\$)

<b>Section A, Senior/Key Person</b>		66,558.00
<b>Section B, Other Personnel</b>		413,543.00
Total Number Other Personnel	8	
<b>Total Salary, Wages and Fringe Benefits (A+B)</b>		480,101.00
<b>Section C, Equipment</b>		30,000.00
<b>Section D, Travel</b>		18,000.00
1. Domestic	6,000.00	
2. Foreign	12,000.00	
<b>Section E, Participant/Trainee Support Costs</b>		
1. Tuition/Fees/Health Insurance		
2. Stipends		
3. Travel		
4. Subsistence		
5. Other		
6. Number of Participants/Trainees		
<b>Section F, Other Direct Costs</b>		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		
<b>Section G, Direct Costs (A thru F)</b>		590,081.00
<b>Section H, Indirect Costs</b>		309,174.00
<b>Section I, Total Direct and Indirect Costs (G + H)</b>		899,255.00
<b>Section J, Fee</b>		

Cumulative budget auto-populates