## Grant Application Package

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

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: Ebert_NIH_v1_10-12-16

### Select Forms to Complete

<table>
<thead>
<tr>
<th>Type</th>
<th>Description</th>
<th>Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mandatory</td>
<td>All mandatory documents must be completed</td>
<td></td>
</tr>
<tr>
<td>SF424 (R &amp; R)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHS 398 Cover Page Supplement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research And Related Other Project Information</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Project/Performance Site Location(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research and Related Senior/Key Person Profile (Expanded)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PHS 398 Research Plan</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Optional</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Research &amp; Related Budget</td>
</tr>
<tr>
<td>☐ R &amp; R Subaward Budget Attachments (7-30 ATT)</td>
</tr>
<tr>
<td>☒ PHS 398 Modular Budget</td>
</tr>
<tr>
<td>☐ PHS 398 Inclusion Enrollment Report</td>
</tr>
<tr>
<td>☐ PHS Assignment Request Form</td>
</tr>
</tbody>
</table>

### 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.

All fields that are yellow with a red border or marked with an asterisk (*) are mandatory and must be completed before submission.

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

The PHS 398 Modular Budget box should be checked to enable completion of the modular budget.

PHS 398 Inclusion Enrollment Report is required only for NIH defined clinical trials.
**APPLICATION FOR FEDERAL ASSISTANCE**

**SF 424 (R&R)**

1. **TYPE OF SUBMISSION**
   - [ ] Pre-application  [x] Application  [ ] Changed/Corrected Application

2. **DATE SUBMITTED**
   - 

3. **DATE RECEIVED BY STATE**
   - 

4. **a. Federal Identifier**
   - 

5. **b. Agency Routing Identifier**
   - 

6. **c. Previous Grants.gov Tracking ID**
   - 

5. **APPLICANT INFORMATION**
   - **Legal Name:** UNIVERSITY OF ILLINOIS URBANA-CHAMPAIGN
   - **Street1:** 1901 S. First Street, Suite A
   - **City:** Champaign  
   - **State:** IL: Illinois
   - **Country:** USA: UNITED STATES  
   - **Zip/Postal Code:** 61820-7406
   - **Phone Number:** 217-333-2187
   - **Fax Number:**  
   - **Email:** spapreaward@illinois.edu

6. **EMPLOYER IDENTIFICATION (EIN) or (TIN):**
   - 1376000511A6

7. **TYPE OF APPLICANT:**
   - [ ] H: Public/State Controlled Institution of Higher Education
   - [ ] Other (Specify):

8. **TYPE OF APPLICATION:**
   - [x] New  
   - [ ] Resubmission
   - [ ] Renewal  
   - [ ] Continuation  
   - [ ] Revision

9. **NAME OF FEDERAL AGENCY:**
   - National Institutes of Health

10. **CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:**
    - 

11. **CONGRESSIONAL DISTRICT OF APPLICANT:**
    - IL-013

12. **PROPOSED PROJECT:**
    - **Start Date:** 06/01/2017  
    - **Ending Date:** 05/31/2020

**Note:**
- The legal name that should be used for NIH proposals is University of Illinois Urbana-Champaign.
- The EIN for NIH proposals is slightly different from our standard EIN (1376000511A6).
- Use SPA contact info: Pre-Award Director, Linda Williams, 1901 S. First Street, Suite A, Champaign, IL 61820-7406, 217-333-2187, spapreaward@illinois.edu.
14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION
Prefix: [ ] First Name: Roger Middle Name: [ ] Last Name: Ebert Middle Name: [ ] Position/Title: Assistant Professor
Organization Name: University of Illinois Urbana-Champaign Department: Chemistry Division: [ ]
Street1: 234 E. Green Street Street2: [ ] City: Champaign County / Parish: [ ] State: IL: Illinois Province: [ ]
Country: USA: UNITED STATES ZIP / Postal Code: 61820-7124 Phone Number: [ ] Fax Number: [ ] Email: ebertr@illinois.edu

15. ESTIMATED PROJECT FUNDING
a. Total Federal Funds Requested 1,084,598.00
b. Total Non-Federal Funds 0.00
c. Total Federal & Non-Federal Funds 1,084,598.00
d. Estimated Program Income 0.00

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: Avijit Middle Name: [ ] Last Name: Ghosh Middle Name: [ ] Position/Title: Interim Comptroller
Organization: University of Illinois Urbana-Champaign Department: Division: [ ]
Street1: 1901 S. First Street, Suite A Street2: [ ] City: Champaign County / Parish: [ ] State: IL: Illinois Province: [ ]
Country: USA: UNITED STATES ZIP / Postal Code: 61820-7406 Phone Number: 217-333-2187 Fax Number: [ ] Email: spapreaward@illinois.edu

20. Pre-application
21. Cover Letter Attachment
1. Human Subjects Section

Clinical Trial?  
☐ Yes  ☒ No

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

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

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)

□ □ □

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):

□
5. Inventions and Patents Section (RENEWAL)

*Inventions and Patents:  Yes ☐  No ☐

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: 

Only complete if application is a renewal
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: 00008584

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: A3118-01

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: ____________________________________________

7. Project Summary/Abstract  
   Summary.pdf
8. Project Narrative  
   Narrative.pdf
9. Bibliography & References Cited  
   References.pdf
10. Facilities & Other Resources  
    Facilities.pdf
11. Equipment  
    Equipment.pdf
12. Other Attachments  

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

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

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.
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: University of Illinois Urbana-Champaign
DUNS Number: 041544081000

* Street1: Henry Administration Building
Street2: 506 S. Wright Street
* City: Urbana
County: Champaign
* State: IL: Illinois
Province:

* Country: USA: UNITED STATES
* ZIP / Postal Code: 61801-3602

* Project/Performance Site Congressional District: IL-013

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: USA: UNITED STATES
* ZIP / Postal Code:

* Project/Performance Site Congressional District:

Additional Location(s)

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

Any other location where substantial project work is being performed, typically used for subawards
### RESEARCH & RELATED Senior/Key Person Profile (Expanded)

**PROFILE - Project Director/Principal Investigator**

<table>
<thead>
<tr>
<th>Prefix:</th>
<th>* First Name: Roger</th>
<th>Middle Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name:</td>
<td>Ebert</td>
<td></td>
</tr>
<tr>
<td>Position/Title:</td>
<td>Assistant Professor</td>
<td>Department: Chemistry</td>
</tr>
<tr>
<td>Organization Name: University of Illinois Urbana-Champaign</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Street1:</td>
<td>234 E. Green Street</td>
<td></td>
</tr>
<tr>
<td>* City:</td>
<td>Champaign</td>
<td>County/Parish:</td>
</tr>
<tr>
<td>State:</td>
<td>IL: Illinois</td>
<td>Province:</td>
</tr>
<tr>
<td>Country:</td>
<td>USA: UNITED STATES</td>
<td>Zip / Postal Code: 61820-7124</td>
</tr>
<tr>
<td>* Phone Number:</td>
<td>555-555-5555</td>
<td>Fax Number:</td>
</tr>
<tr>
<td>E-Mail:</td>
<td><a href="mailto:ebertr@illinois.edu">ebertr@illinois.edu</a></td>
<td></td>
</tr>
<tr>
<td>Credential, e.g., agency login:</td>
<td>ROGER_EBERT</td>
<td></td>
</tr>
</tbody>
</table>

*Project Role: PD/PI Other Project Role Category: |

| Degree Type: | |
| Degree Year: | |

*Attach Biographical Sketch* Biosketch.pdf

*Attach Current & Pending Support* 

To ensure proper performance of this form, after adding 20 additional Senior/Key Persons; please save your application, close the Adobe Reader, and reopen it.

### PROFILE - Senior/Key Person 1

<table>
<thead>
<tr>
<th>Prefix:</th>
<th>* First Name: Suze</th>
<th>Middle Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name:</td>
<td>Orman</td>
<td></td>
</tr>
<tr>
<td>Position/Title:</td>
<td>Assistant Professor</td>
<td>Department: Chemistry</td>
</tr>
<tr>
<td>Organization Name: University of Illinois Urbana-Champaign</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Street1:</td>
<td>100 E. Green Street</td>
<td></td>
</tr>
<tr>
<td>* City:</td>
<td>Champaign</td>
<td>County/Parish:</td>
</tr>
<tr>
<td>State:</td>
<td>IL: Illinois</td>
<td>Province:</td>
</tr>
<tr>
<td>Country:</td>
<td>USA: UNITED STATES</td>
<td>Zip / Postal Code: 61820-7124</td>
</tr>
<tr>
<td>* Phone Number:</td>
<td>555-555-5556</td>
<td>Fax Number:</td>
</tr>
<tr>
<td>E-Mail:</td>
<td><a href="mailto:ormans@illinois.edu">ormans@illinois.edu</a></td>
<td></td>
</tr>
<tr>
<td>Credential, e.g., agency login:</td>
<td>SUZEORMAN</td>
<td></td>
</tr>
</tbody>
</table>

*Project Role: Co-Investigator Other Project Role Category: |

| Degree Type: | |
| Degree Year: | |

*Attach Biographical Sketch* Biosketch.pdf

*Attach Current & Pending Support* 

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

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.

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

This field is required by NIH, even though it is not marked as mandatory.
**PHS 398 Research Plan**

**Introduction**

1. Introduction to Application (Resubmission and Revision)

**Research Plan Section**

2. Specific Aims
   - [Specific_Aims.pdf](#)

3. *Research Strategy
   - [Research_Strategy.pdf](#)

4. Progress Report Publication List
   - [Add Attachment](#)  [Delete Attachment](#)  [View Attachment](#)

**Human Subjects Section**

5. Protection of Human Subjects
   - [Protection_of_Human_Subject](#)

6. Data Safety Monitoring Plan
   - [Add Attachment](#)  [Delete Attachment](#)  [View Attachment](#)

7. Inclusion of Women and Minorities
   - [Add Attachment](#)  [Delete Attachment](#)  [View Attachment](#)

8. Inclusion of Children
   - [Inclusion_of_Children.pdf](#)

**Other Research Plan Section**

9. Vertebrate Animals
   - [Vertebrate_Animals.pdf](#)

10. Select Agent Research
    - [Add Attachment](#)  [Delete Attachment](#)  [View Attachment](#)

11. Multiple PD/PI Leadership Plan
    - [Add Attachment](#)  [Delete Attachment](#)  [View Attachment](#)

12. Consortium/Contractual Arrangements
    - [Add Attachment](#)  [Delete Attachment](#)  [View Attachment](#)

13. Letters of Support
    - [Letters_of_Support.pdf](#)

14. Resource Sharing Plan(s)
    - [Resource_Sharing_Plan.pdf](#)

15. Authentication of Key Biological and/or Chemical Resources
    - [Authentication.pdf](#)

**Appendix**

16. Appendix
    - [Add Attachments](#)  [Delete Attachments](#)  [View Attachment](#)

---

**Attachments**

- 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 if budget request is over a specific threshold.

**New field in FORMS-D**

- Use only if applicable to project.
### Modular Budget

**Budget Period: 1**

<table>
<thead>
<tr>
<th>Start Date: 06/01/2017</th>
<th>End Date: 05/31/2018</th>
</tr>
</thead>
</table>

**A. Direct Costs**

<table>
<thead>
<tr>
<th>Funds Requested ($)</th>
<th>Direct Cost less Consortium Indirect (F&amp;A)</th>
<th>Consortium Indirect (F&amp;A)</th>
<th>Total Direct Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>250,000.00</td>
<td>250,000.00</td>
<td></td>
<td>250,000.00</td>
</tr>
</tbody>
</table>

**B. Indirect (F&A) Costs**

<table>
<thead>
<tr>
<th>Indirect (F&amp;A) Type</th>
<th>Indirect (F&amp;A) Rate (%)</th>
<th>Indirect (F&amp;A) Base ($)</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MTDC</td>
<td>58.60</td>
<td>220,360.00</td>
<td>129,131.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cognizant Agency (Agency Name, POC Name and Phone Number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ONR, Beth Snyder, 703-696-5755</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indirect (F&amp;A) Rate Agreement Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/01/2016</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Indirect (F&amp;A) Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>129,131.00</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>379,131.00</td>
</tr>
</tbody>
</table>

---

**Budget Period: 2**

<table>
<thead>
<tr>
<th>Start Date: 06/01/2018</th>
<th>End Date: 05/31/2019</th>
</tr>
</thead>
</table>

**A. Direct Costs**

<table>
<thead>
<tr>
<th>Funds Requested ($)</th>
<th>Direct Cost less Consortium Indirect (F&amp;A)</th>
<th>Consortium Indirect (F&amp;A)</th>
<th>Total Direct Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>225,000.00</td>
<td></td>
<td></td>
<td>225,000.00</td>
</tr>
</tbody>
</table>

**B. Indirect (F&A) Costs**

<table>
<thead>
<tr>
<th>Indirect (F&amp;A) Type</th>
<th>Indirect (F&amp;A) Rate (%)</th>
<th>Indirect (F&amp;A) Base ($)</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MTDC</td>
<td>58.60</td>
<td>210,950.00</td>
<td>123,617.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cognizant Agency (Agency Name, POC Name and Phone Number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ONR, Beth Snyder, 703-696-5755</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indirect (F&amp;A) Rate Agreement Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/01/2016</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Indirect (F&amp;A) Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>123,617.00</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>348,617.00</td>
</tr>
</tbody>
</table>

---

*Modular budgets do not require a detailed breakdown of direct costs. Only direct costs, consortium F&A (if applicable), and indirect costs are listed.*

*The Modular Budget allows for a simplified presentation to the sponsor. The internal budget is still calculated as per usual.*
# PHS 398 Modular Budget

## Budget Period: 3

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>06/01/2019</td>
<td>05/31/2020</td>
</tr>
</tbody>
</table>

## A. Direct Costs

<table>
<thead>
<tr>
<th>Direct Cost less Consortium Indirect (F&amp;A)</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>225,000.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Consortium Indirect (F&amp;A)</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>225,000.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Direct Costs</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>225,000.00</td>
</tr>
</tbody>
</table>

## B. Indirect (F&A) Costs

<table>
<thead>
<tr>
<th>Indirect (F&amp;A) Type</th>
<th>Indirect (F&amp;A) Rate (%)</th>
<th>Indirect (F&amp;A) Base ($)</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MTDC</td>
<td>58.00</td>
<td>225,000.00</td>
<td>131,850.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cognizant Agency (Agency Name, POC Name and Phone Number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ONR, Beth Snyder, 703-696-5755</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Indirect (F&amp;A) Rate Agreement Date</th>
<th>Total Indirect (F&amp;A) Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/01/2016</td>
<td>131,850.00</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>356,850.00</td>
</tr>
</tbody>
</table>

## Cumulative Budget Information

### 1. Total Costs, Entire Project Period

<table>
<thead>
<tr>
<th>Section</th>
<th>Total Direct Cost less Consortium Indirect (F&amp;A) for Entire Project Period</th>
<th>Total Consortium Indirect (F&amp;A) for Entire Project Period</th>
<th>Total Direct Costs for Entire Project Period</th>
<th>Total Indirect (F&amp;A) Costs for Entire Project Period</th>
<th>Total Direct and Indirect (F&amp;A) Costs (A+B) for Entire Project Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section A</td>
<td>$700,000.00</td>
<td>$700,000.00</td>
<td>$700,000.00</td>
<td>$384,598.00</td>
<td>$1,084,598.00</td>
</tr>
</tbody>
</table>

### 2. Budget Justifications

- **Personnel Justification**: [Personnel_Justification.pdf](#)  
- **Consortium Justification**: Add Attachment, Delete Attachment, View Attachment  
- **Additional Narrative Justification**: [Additional_Narrative.pdf](#)