

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

	2. DATE SUBMITTED <input style="width:100%;" type="text"/>	APPLICANT IDENTIFIER <input style="width:100%;" type="text"/>
1. * TYPE OF SUBMISSION <input type="checkbox"/> Pre-application <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	3. RECEIVED BY STATE <input style="width:100%;" type="text"/>	STATE APPLICATION IDENTIFIER <input style="width:100%;" type="text"/>
	4. a. FEDERAL IDENTIFIER <input style="width:100%;" type="text"/>	b. AGENCY ROUTING NUMBER <input style="width:100%;" type="text"/>
5. APPLICANT INFORMATION		
* Legal Name: <input style="width:100%;" type="text"/> Department: <input style="width:100%;" type="text"/> Division: <input style="width:100%;" type="text"/> * Street1: <input style="width:100%;" type="text"/> Street2: <input style="width:100%;" type="text"/> * City: <input style="width:100%;" type="text"/> County/Parish: <input style="width:100%;" type="text"/> * State: <input style="width:100%;" type="text"/> * ZIP Code: <input style="width:100%;" type="text"/> * Country: <input style="width:100%;" type="text"/>		* Organizational DUNS: <input style="width:100%;" type="text"/>
Person to be contacted on matters involving this application Prefix: <input style="width:100%;" type="text"/> * First Name: <input style="width:100%;" type="text"/> Middle Name: <input style="width:100%;" type="text"/> * Last Name: <input style="width:100%;" type="text"/> Suffix: <input style="width:100%;" type="text"/> * Phone Number: <input style="width:100%;" type="text"/> Fax Number: <input style="width:100%;" type="text"/> Email: <input style="width:100%;" type="text"/>		
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): <input style="width:100%;" type="text"/>	7. * TYPE OF APPLICANT: <input style="width:100%;" type="text"/> <p style="font-size: small; text-align: center;">Please select one of the following</p>	
8. * TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	Other (Specify): <input style="width:100%;" type="text"/> Small Business Organization Type <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially or Economically Disadvantaged	
If Revision, mark appropriate box(es). <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"/> E. Other (specify)	9. * NAME OF FEDERAL AGENCY <input style="width:100%;" type="text"/>	
* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input type="checkbox"/> What other agencies? <input style="width:100%;" type="text"/>	10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <input style="width:100%;" type="text"/> TITLE: <input style="width:100%;" type="text"/>	
11. * DESCRIPTIVE TITLE OF THE APPLICANT'S PROJECT: <input style="width:100%;" type="text"/>		
PROPOSED PROJECT * Start Date: <input style="width:100%;" type="text"/> * Ending Date: <input style="width:100%;" type="text"/>		
PROJECT DIRECTOR / PRINCIPAL INVESTIGATOR CONTACT INFORMATION Prefix: <input style="width:100%;" type="text"/> * First Name: <input style="width:100%;" type="text"/> Middle Name: <input style="width:100%;" type="text"/> * Last Name: <input style="width:100%;" type="text"/> Suffix: <input style="width:100%;" type="text"/> Position/Title: <input style="width:100%;" type="text"/> * Organization Name: <input style="width:100%;" type="text"/> Department: <input style="width:100%;" type="text"/> Division: <input style="width:100%;" type="text"/> * Street1: <input style="width:100%;" type="text"/> Street2: <input style="width:100%;" type="text"/> * City: <input style="width:100%;" type="text"/> County/Parish: <input style="width:100%;" type="text"/> * State: <input style="width:100%;" type="text"/> * ZIP Code: <input style="width:100%;" type="text"/> * Country: <input style="width:100%;" type="text"/> * Phone Number: <input style="width:100%;" type="text"/> Fax Number: <input style="width:100%;" type="text"/> Email: <input style="width:100%;" type="text"/>		

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

<p>■ ESTIMATED PROJECT FUNDING</p> <p>a. * Total Federal Funds Requested <input style="width: 150px;" type="text"/></p> <p>b. Total Non-Federal Funds <input style="width: 150px;" type="text"/></p> <p>c. * Total Federal & Non-Federal Funds <input style="width: 150px;" type="text"/></p> <p>d. * Estimated Program Income <input style="width: 150px;" type="text"/></p>	<p>■ * IS THIS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</p> <p>a. YES <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:</p> <p>DATE: _____</p> <p>b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O 12372; OR</p> <p>NO <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
<p>■ 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)</p> <p style="text-align: center;"><input type="checkbox"/> * I agree</p> <p style="font-size: small; text-align: center;">* 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.</p>	
<p>■ Authorized Representative</p> <p>Prefix: <input style="width: 50px;" type="text"/> * First Name: <input style="width: 150px;" type="text"/> Middle Name: <input style="width: 150px;" type="text"/> * Last Name: <input style="width: 150px;" type="text"/> Suffix: <input style="width: 50px;" type="text"/></p> <p>Position/Title: <input style="width: 200px;" type="text"/> * Organization Name: <input style="width: 350px;" type="text"/></p> <p>Department: <input style="width: 200px;" type="text"/> Division: <input style="width: 150px;" type="text"/></p> <p>* Street1: <input style="width: 150px;" type="text"/> Street2: <input style="width: 150px;" type="text"/></p> <p>* City: <input style="width: 150px;" type="text"/> County/Parish: <input style="width: 150px;" type="text"/> * State: <input style="width: 50px;" type="text"/> * ZIP Code: <input style="width: 100px;" type="text"/></p> <p>* Country: <input style="width: 150px;" type="text"/></p> <p>* Phone Number: <input style="width: 150px;" type="text"/> Fax Number: <input style="width: 150px;" type="text"/> Email: <input style="width: 150px;" type="text"/></p> <p style="text-align: center;">* Signature of Authorized Representative * Date Signed</p>	
<p>■ Pre-application <input style="width: 200px;" type="text"/></p> <p style="text-align: right;"> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/> </p>	

OMB Number: 4040-0001

MO

(mocked up 2 of 4 identical forms)

RESEARCH & RELATED PERSONAL DATA

Project Director/Principal Investigator and Co-Project Director(s)/Co-Principal Investigator(s)

The Federal Government has a continuing commitment to monitor the operation of its review and award processes to identify and address any inequities based on gender, race, ethnicity, or disability of its proposed PDs/PIs and co-PDs/PIs. To gather information needed for this important task, the applicant should submit the requested information for each identified PD/PI and co-PDs/PIs with each proposal. Submission of the requested information is voluntary and is not a precondition of award. However, information not submitted will seriously undermine the statistical validity, and therefore the usefulness, of information received from others. Any individual not wishing to submit some or all the information should check the box provided for this purpose. Upon receipt of the application, this form will be separated from the application. This form will not be duplicated, and it will not be a part of the review process. Data will be confidential.

Project Director/Principal Investigator

Prefix:	* First Name:	Middle Name:	Last Name:	Suffix:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Gender:

Race (check all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Do Not Wish to Provide

Ethnicity:

Disability Status (check all that apply)

- Hearing
- Visual
- Mobility / Orthopedic Impairment
- Other
- None
- Do Not Wish to Provide

Citizenship:

Reset Entries

Next Person

OMB Number: 4040-0001

RESEARCH & RELATED PERSONAL DATA

Project Director/Principal Investigator and Co-Project Director(s)/Co-Principal Investigator(s)

The Federal Government has a continuing commitment to monitor the operation of its review and award processes to identify and address any inequities based on gender, race, ethnicity, or disability of its proposed PDs/Pis and co-PDs/Pis. To gather information needed for this important task, the applicant should submit the requested information for each identified PD/PI and co-PDs/Pis with each proposal. Submission of the requested information is voluntary and is not a precondition of award. However, information not submitted will seriously undermine the statistical validity, and therefore the usefulness, of information received from others. Any individual not wishing to submit some or all the information should check the box provided for this purpose. Upon receipt of the application, this form will be separated from the application. This form will not be duplicated, and it will not be a part of the review process. Data will be confidential.

Project Director/Principal Investigator

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

Gender:

Race (check all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Do Not Wish to Provide

Ethnicity:

Disability Status (check all that apply)

- Hearing
- Visual
- Mobility / Orthopedic Impairment
- Other
- None
- Do Not Wish to Provide

Citizenship:

Reset Entries

Next Person

OMB Number: 4040-0001

RESEARCH AND RELATED Senior/Key Person Profile (Expanded)

PROFILE – Project Director/Principal Investigator

15. PROJECT DIRECTOR / PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position/Title: <input type="text"/>		Department: <input type="text"/>		
Organization Name: <input type="text"/>		Division: <input type="text"/>		
* Street1: <input type="text"/>		Street2: <input type="text"/>		
* City: <input type="text"/>	County/Parish: <input type="text"/>	* State: <input type="text"/>	Province: <input type="text"/>	
* Country: <input type="text"/>	* ZIP Code: <input type="text"/>			
* Phone Number: <input type="text"/>		Fax Number: <input type="text"/>	Email: <input type="text"/>	
Credential, e.g., agency login: <input type="text"/>				
* Project Role: <input type="text"/>		Other Project Category: <input type="text"/>		
Degree Type: <input type="text"/>				
Degree Year: <input type="text"/>				
* Attach Biographical Sketch		<input type="text"/>		
Attach Current and Pending Support		<input type="text"/>		

PROFILE – Senior/Key Person 1

15. PROJECT DIRECTOR / PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix:	* First Name:	Middle Name:	* Last Name:	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position/Title: <input type="text"/>		Department: <input type="text"/>		
Organization Name: <input type="text"/>		Division: <input type="text"/>		
* Street1: <input type="text"/>		Street2: <input type="text"/>		
* City: <input type="text"/>	County/Parish: <input type="text"/>	* State: <input type="text"/>	Province: <input type="text"/>	
* Country: <input type="text"/>	* ZIP Code: <input type="text"/>			
* Phone Number: <input type="text"/>		Fax Number: <input type="text"/>	Email: <input type="text"/>	
Credential, e.g., agency login: <input type="text"/>				
* Project Role: <input type="text"/>		Other Project Category: <input type="text"/>		
Degree Type: <input type="text"/>				
Degree Year: <input type="text"/>				
* Attach Biographical Sketch		<input type="text"/>		
Attach Current and Pending Support		<input type="text"/>		

RESEARCH AND RELATED Senior/Key Person Profile (Expanded)

Additional Senior/Key Person Form Attachments

When submitting senior/key persons in excess of 8 individuals, please attach additional senior/key person forms here. Each additional form attached here, will provide you with the ability to identify another 8 individuals, up to a maximum of 4 attachments (32 people).

The means to obtain a supplementary form is provided here on this form, by the button below. In order to extract, fill, and attach each additional form, simply follow these steps:

- Select the "Select to Extract the R&R Additional Senior/Key Person Form" button, which appears below.
- Save the file using a descriptive name, that will help you remember the content of the supplemental form that you are creating. When assigning a name to the file, please remember to give it the extension ".xfd" (for example, "My_Senior_Key.xfd"). If you do not name your file with the ".xfd" extension you will be unable to open it later, using your PureEdge viewer software.
- Using the "Open Form" tool on your PureEdge viewer, open the new form that you have just saved.
- Enter your additional Senior/Key Person information in this supplemental form. It is essentially the same as the Senior/Key person form that you see in the main body of your application.
- When you have completed entering information in the supplemental form, save it and close it.
- Return to this "Additional Senior/Key Person Form Attachments" page.
- Attach the saved supplemental form, that you just filled in, to one of the blocks provided on this "attachments" form.

Important: Please attach additional Senior/Key Person forms, using the blocks below. Please remember that the files you attach must be Senior/Key Person Pure Edge forms, which were previously extracted using the process outlined above. Attaching any other type of file may result in the inability to submit your application to Grants.gov.

- | | |
|-------------------------------|----------------------|
| 1) Please attach Attachment 1 | <input type="text"/> |
| 2) Please attach Attachment 2 | <input type="text"/> |
| 3) Please attach Attachment 3 | <input type="text"/> |
| 4) Please attach Attachment 4 | <input type="text"/> |

-
- | | |
|---|----------------------|
| ADDITIONAL SENIOR/KEY PERSON PROFILE(S) | <input type="text"/> |
| Additional Biographical Sketch(es) (Senior/Key Person) | <input type="text"/> |
| Additional Current and Pending Support | <input type="text"/> |

RESEARCH & RELATED Other Project Information

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

Exemption Number: 1 2 3 4 5 6

If no, Is the IRB review Pending? Yes No

IRB Approval Date:

Human Subject Assurance Number:

2. * Are Vertebrate Animals Used? Yes No

2.a If YES to Vertebrate Animals

Is the IACUC review Pending? Yes No

IACUC Approval Date:...

Animal Welfare Assurance Number

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

4.a. * Does this project have an actual or potential impact on 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:

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

5.b. If yes, identify countries:

5.c. Optional Explanation:

6. * Project Summary/Abstract

7. * Project Narrative

8. Bibliography & References Cited

9. Facilities & Resources

10. Equipment

11. Other Attachments

Close Form

Next

Print Page

About

SMALL BUSINESS INNOVATION RESEARCH PROGRAM (SBIR) and SMALL BUSINESS TECHNOLOGY TRANSFER PROGRAM (STTR) Information

*** Program Type (select only one)**

- SBIR STTR
 Both (See agency-specific instructions to determine whether a particular agency allows a single submission for both SBIR and STTR)

*** SBIR/STTR Type (select only one)**

- Phase I Phase II
 Fast Track (See agency-specific instructions to determine whether a particular agency participates in Fast-Track)

Questions 1-7 must be completed by all SBIR and STTR Applicants:

<input type="checkbox"/> Yes <input type="checkbox"/> No	* 1. Do you certify that at the time of award your organization will meet the eligibility criteria for a small business as defined in the funding opportunity announcement?
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 2. Does this application include subcontracts with Federal laboratories or any other Federal Government agencies? * If yes, insert the names of the Federal laboratories/agencies: <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 3. Are you located in a HUBZone? To find out if your business is in a HUBZone, use the mapping utility provided by the Small Business Administration at its web site: http://www.sba.gov
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 4. Will all research and development on the project be performed in its entirety in the United States? If no, provide an explanation in an attached file. * Explanation: <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 5. Has the applicant and/or Program Director/Principal Investigator submitted proposals for essentially equivalent work under other Federal program solicitations or received other Federal awards for essentially equivalent work? * If yes, insert the names of the other Federal agencies: <div style="border: 1px solid black; height: 60px; width: 100%;"></div>
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 6. Disclosure Permission Statement: If this application does not result in an award, is the Government permitted to disclose the title of your proposed project, and the name, address, telephone number and e-mail address of the official signing for the applicant organization, to organizations that may be interested in contacting you for further information (e.g., possible collaborations, investment)?
	* 7. Commercialization Plan: If you are submitting a Phase II or Phase I/Phase II Fast-Track Application, include a Commercialization Plan in accordance with the agency announcement and/or agency-specific instructions. * Attach: <input type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>

[Close Form](#)[Next](#)[Print Page](#)[About](#)

SBIR / STTR Information

SBIR-Specific Questions:

Questions 8 and 9 apply only to SBIR applications. If you are submitting ONLY an STTR application, leave questions 8 and 9 blank and proceed to question 10.

<input type="checkbox"/> Yes <input type="checkbox"/> No	* 8. Have you received SBIR Phase II awards from the Federal Government? If yes, provide a company commercialization history in accordance with agency-specific instructions using this attachment. * Attach File: <input type="text"/> Add Attachment Delete Attachment View Attachment
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 9. Will the Project Director/Principal Investigator have his/her primary employment with the small business at the time of award?

SBIR-Specific Questions:

Questions 10 and 11 apply only to STTR applications. If you are submitting ONLY an SBIR application, leave questions 10 and 11 blank.

<input type="checkbox"/> Yes <input type="checkbox"/> No	* 10. Please indicate whether the answer to BOTH of the following questions is TRUE: (1) Does the Project Director/Principal Investigator have a formal appointment or commitment either with the small business directly (as an employee or a contractor) OR as an employee of the Research Institution, which in turn has made a commitment to the small business through the STTR application process; AND (2) Will the Project Director/Principal Investigator devote at least 10% effort to the proposed project?
<input type="checkbox"/> Yes <input type="checkbox"/> No	* 11. In the joint research and development proposed in this project, does the small business perform at least 40% of the work and the research institution named in the application perform at least 30% of the work?

OMB Number: 4040-XXXX

RESEARCH & RELATED BUDGET - UP TO 5 YEARS - SECTION A & B, BUDGET PERIOD 1

* ORGANIZATIONAL DUNS: []

* Budget Type: Project Subaward/Consortium

Enter name of Organization: []

Delete Entry * Start Date: [] * End Date: [] Budget Period 1

A. Senior/Key Person

Prefix	* First Name	Middle Name	* Last Name	Suffix	* Project Role	Base Salary (\$)	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)
1.	[]	[]	[]	[]	PD/PI	[]	[]	[]	[]	[]	[]	[]
2.	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
3.	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
1.	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
3.	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
3.	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
7.	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
3.	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]

3. Total Funds requested for all Senior Key Persons in the attached file []

Total Senior/Key Person []

Additional Senior Key Persons: []

B. Other Personnel

* Number of Personnel	* Project Role	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)
[]	Post Doctoral Associates	[]	[]	[]	[]	[]	[]
[]	Graduate Students	[]	[]	[]	[]	[]	[]
[]	Undergraduate Students	[]	[]	[]	[]	[]	[]
[]	Secretarial/Clerical	[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]	[]	[]
[]	Total Number Other Personnel						Total Other Personnel []

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

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

* ORGANIZATIONAL DUNS:

* Budget Type: Project Subaward/Consortium

Enter name of Organization:

* Start Date: * End Date: Budget Period 1

C. Equipment Description

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

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

Additional Equipment:

D. Travel

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

E. Participant/Trainee Support Costs

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

Previous

Next

Print Page

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

Next Period

* ORGANIZATIONAL DUNS: [input]

* Budget Type: Project Subaward/Consortium

Enter name of Organization: [input]

Delete Entry

Start Date: [input] * End Date: [input] Budget Period 1

F. Other Direct Costs

Funds Requested (\$)

- 1. Materials and Supplies [input]
- 2. Publication Costs [input]
- 3. Consultant Services [input]
- 4. ADP/Computer Services [input]
- 5. Subawards/Consortium/Contractual Costs [input]
- 6. Equipment or Facility Rental/User Fees [input]
- 7. Alterations and Renovations [input]
- 8. [input]
- 9. [input]
- 10. [input]

Total Other Direct Costs [input]

G. Direct Costs

Funds Requested (\$)

Total Direct Costs (A thru F) [input]

H. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	[input]	[input]	[input]	[input]
2.	[input]	[input]	[input]	[input]
3.	[input]	[input]	[input]	[input]
4.	[input]	[input]	[input]	[input]

Total Indirect Costs [input]

Cognizant Federal Agency [input]

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

I. Total Direct and Indirect Costs

Funds Requested (\$)

Total Direct and Indirect Institutional Costs (G + H) [input]

J. Fee

Funds Requested (\$)

[input]

K. * Budget Justification [input]

(Only attach one file.)

Add Attachment

Delete Attachment

View Attachment

RESEARCH & RELATED BUDGET - Cumulative Budget

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

RESEARCH & RELATED BUDGET - UP TO 10 YEARS - SECTION A & B, BUDGET PERIOD 1

* ORGANIZATIONAL DUNS: [Text Box]

* Budget Type: Project Subaward/Consortium

Enter name of Organization: [Text Box]

Delete Entry * Start Date: [Text Box] * End Date: [Text Box] Budget Period 1

A. Senior/Key Person

Prefix	* First Name	Middle Name	* Last Name	Suffix	* Project Role	Base Salary (\$)	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)
1.	[Text Box]	[Text Box]	[Text Box]	[Text Box]	PD/PI	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]
2.	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]
3.	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]
4.	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]
5.	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]
3.	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]
7.	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]
3.	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]

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

Total Senior/Key Person [Text Box]

Additional Senior Key Persons: [Text Box]

Add Attachment

Delete Attachment

View Attachment

B. Other Personnel

* Number of Personnel	* Project Role	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)
[Text Box]	Post Doctoral Associates	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]
[Text Box]	Graduate Students	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]
[Text Box]	Undergraduate Students	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]
[Text Box]	Secretarial/Clerical	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]
[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]
[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]
[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]
[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]
[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]
[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]
[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]
[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]
[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]	[Text Box]
[Text Box]	Total Number Other Personnel				Total Other Personnel		[Text Box]

Total Salary, Wages and Fringe Benefits (A+B) [Text Box]

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

* ORGANIZATIONAL DUNS:

* Budget Type: Project Subaward/Consortium

Enter name of Organization:

* Start Date: * End Date: Budget Period 1

C. Equipment Description

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

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

Additional Equipment:

D. Travel

Funds Requested (\$)

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

E. Participant/Trainee Support Costs

Funds Requested (\$)

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

Previous

Next

Print Page

Next Period

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

* ORGANIZATIONAL DUNS:

* Budget Type: Project Subaward/Consortium

Enter name of Organization:

Delete Entry

Start Date: * End Date: Budget Period 1

F. Other Direct Costs

Funds Requested (\$)

- 1. Materials and Supplies
- 2. Publication Costs
- 3. Consultant Services
- 4. ADP/Computer Services
- 5. Subawards/Consortium/Contractual Costs
- 6. Equipment or Facility Rental/User Fees
- 7. Alterations and Renovations
- 8.
- 9.
- 10.

Total Other Direct Costs

G. Direct Costs

Funds Requested (\$)

Total Direct Costs (A thru F)

H. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Indirect Costs

Cognizant Federal Agency

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

I. Total Direct and Indirect Costs

Funds Requested (\$)

Total Direct and Indirect Institutional Costs (G + H)

J. Fee

Funds Requested (\$)

K. * Budget Justification

(Only attach one file.)

Add Attachment

Delete Attachment

View Attachment

RESEARCH & RELATED BUDGET - Cumulative Budget

Totals (\$)

Section A, Senior/Key Person		<input type="text"/>
Section B, Other Personnel		<input type="text"/>
Total Number Other Personnel	<input type="text"/>	
Total Salary, Wages and Fringe Benefits (A+B)		<input type="text"/>
Section C, Equipment		<input type="text"/>
Section D, Travel		<input type="text"/>
1. Domestic	<input type="text"/>	
2. Foreign	<input type="text"/>	
Section E, Participant/Trainee Support Costs		<input type="text"/>
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"/>	
6. Number of Participants/Trainees	<input type="text"/>	
Section F, Other Direct Costs		<input type="text"/>
1. Materials and Supplies	<input type="text"/>	
2. Publication Costs	<input type="text"/>	
3. Consultant Services	<input type="text"/>	
4. ADP/Computer Services	<input type="text"/>	
5. Subawards/Consortium/Contractual Costs	<input type="text"/>	
6. Equipment or Facility Rental/User Fees	<input type="text"/>	
7. Alterations and Renovations	<input type="text"/>	
8. Other 1	<input type="text"/>	
9. Other 2	<input type="text"/>	
10. Other 3	<input type="text"/>	
Section G, Direct Costs (A thru F)		<input type="text"/>
Section H, Indirect Costs		<input type="text"/>
Section I, Total Direct and Indirect Costs (G + H)		<input type="text"/>
Section J, Fee		<input type="text"/>

RESEARCH & RELATED BUDGET (TOTAL FED + NON-FED) - SECTION A & B, BUDGET PERIOD 1

* ORGANIZATIONAL DUNS: []

* Budget Type: Project Subaward/Consortium

Enter name of Organization: []

Delete Entry * Start Date: [] * End Date: [] * Budget Period: 1

A. Senior/Key Person

Prefix	* First Name	Middle Name	* Last Name	Suffix	* Project Role	Base Salary (\$)	Cal. Months	Acad. Months	Sum. Months	* Req. Salary (\$)	* Fringe Ben. (\$)	* Total (Sal & FB) (Fed + Non-Fed)(\$)	* Federal (\$)	* Non-Federal (\$)	
1.					PD/PI										
2.															
3.															
4.															
5.															
6.															
7.															
8.															
9. Total Funds requested for all Senior Key Persons in the attached file															
												Total Senior/Key Person			

* Additional Senior Key Persons: []

Add Attachment

Delete Attachment

View Attachment

B. Other Personnel

* Number of Personnel

* Project Role

	Cal. Months	Acad. Months	Sum. Months	* Req. Salary (\$)	* Fringe Ben. (\$)	* Total (Sal & FB) (Fed + Non-Fed)(\$)	* Federal (\$)	* Non-Federal (\$)
<input type="checkbox"/> Post Doctoral Associates								
<input type="checkbox"/> Graduate Students								
<input type="checkbox"/> Undergraduate Students								
<input type="checkbox"/> Secretarial/Clerical								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/>								
<input type="checkbox"/> Total Number Other Personnel						Total Other Personnel		
						Total Salary, Wages and Fringe Benefits (A + B)		

RESEARCH & RELATED BUDGET (TOTAL FED + NON-FED) - SECTION C, D, & E, BUDGET PERIOD 1

* ORGANIZATIONAL DUNS: []

* Budget Type: Project Subaward/Consortium

Enter name of Organization: []

Delete Entry * Start Date: [] * End Date: [] Budget Period [1]

C. Equipment Description

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

	* Equipment item	* Federal (\$)	* Non-Federal (\$)	* Total (Fed + Non-Fed) (\$)
1.	[]	[]	[]	[]
2.	[]	[]	[]	[]
3.	[]	[]	[]	[]
4.	[]	[]	[]	[]
5.	[]	[]	[]	[]
6.	[]	[]	[]	[]
7.	[]	[]	[]	[]
8.	[]	[]	[]	[]
9.	[]	[]	[]	[]
10.	[]	[]	[]	[]
11.	Total funds requested for all equipment listed in the attached file	[]	[]	[]
	Total Equipment	[]	[]	[]

* Additional Equipment: [] Add Attachment Delete Attachment View Attachment

D. Travel

	* Federal (\$)	* Non-Federal (\$)	* Total (Fed + Non-Fed) (\$)	
1.	Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	[]	[]	[]
2.	Foreign Travel Costs	[]	[]	[]
	Total Travel Costs	[]	[]	[]

E. Participant/Trainee Support Costs

	* Federal (\$)	* Non-Federal (\$)	* Total (Fed + Non-Fed) (\$)	
1.	Tuition/Fees/Health Insurance	[]	[]	[]
2.	Stipends	[]	[]	[]
3.	Travel	[]	[]	[]
4.	Subsistence	[]	[]	[]
5.	Other []	[]	[]	[]
	Number of Participants/Trainees Total Participant/Trainee Support Costs	[]	[]	[]

RESEARCH & RELATED BUDGET (TOTAL FED + NON-FED) - SECTION F-K, BUDGET PERIOD 1

* ORGANIZATIONAL DUNS:

* Budget Type: Project Subaward/Consortium

Enter name of Organization:

* Start Date: * End Date: Budget Period

F. Other Direct Costs

	* Federal (\$)	* Non-Federal (\$)	* Total (Fed + Non-Fed) (\$)
1. Materials and Supplies	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Publication Costs	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Consultant Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. ADP/Computer Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Subawards/Consortium/Contractual Costs	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Equipment or Facility Rental/User Fees	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Alterations and Renovations	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Other Direct Costs	<input type="text"/>	<input type="text"/>	<input type="text"/>

G. Direct Costs

	* Federal (\$)	* Non-Federal (\$)	* Total (Fed + Non-Fed) (\$)
Total Direct Costs (A thru F)	<input type="text"/>	<input type="text"/>	<input type="text"/>

H. Indirect Costs

* Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Federal (\$)	* Non-Federal (\$)	* Total (Fed + Non-Fed) (\$)
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Indirect Costs			<input type="text"/>	<input type="text"/>	<input type="text"/>

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

I. Total Direct and Indirect Costs

	* Federal (\$)	* Non-Federal (\$)	* Total (Fed + Non-Fed) (\$)
Total Direct and Indirect Costs (G + H)	<input type="text"/>	<input type="text"/>	<input type="text"/>

J. Fee

Federal (\$)

K. * Budget Justification

(Only attach one file.)

RESEARCH & RELATED BUDGET (TOTAL FED + NON-FED) - Cumulative Budget

	Total Federal (\$)	Total Non-Federal (\$)	Totals (\$)
Section A, Senior/Key Person			
Section B, Other Personnel			
Total Number Other Personnel			
Total Salary, Wages and Fringe Benefits (A + B)			
Section C, Equipment			
Section D, Travel			
1. Domestic			
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			
1. Materials and Supplies			
2. Publication Costs			
3. Consultant Services			
4. ADP/Computer Services			
5. Subawards/Consortium/Contractual Costs			
6. Equipment or Facility Rental/User Fees			
7. Alterations and Renovations			
8. Other 1			
9. Other 2			
10. Other 3			
Section G, Direct Costs (A thru F)			
Section H, Indirect Costs			
Section I, Total Direct and Indirect Costs (G + H)			
Section J, Fee			

Close Form

Print Page

About

R&R SUBAWARD BUDGET ATTACHMENT(S) FORM UP TO 10 BUDGETS

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

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

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

1) Please attach Attachment 1	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
6 1) Please attach Attachment 6	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment

OMB Number: 4040-0001

R&R SUBAWARD BUDGET ATTACHMENT(S) FORM MORE THAN 10 BUDGETS

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

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

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

1) Please attach Attachment 1	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
61) Please attach Attachment 6	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment

R&R Subaward Budget (Fed/Non-Fed) Attachment(s) Form

ACTUAL
(No changes requested for this form)

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

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

- 1) Please attach Attachment 1
- 2) Please attach Attachment 2
- 3) Please attach Attachment 3
- 4) Please attach Attachment 4
- 5) Please attach Attachment 5
- 6) Please attach Attachment 6
- 7) Please attach Attachment 7
- 8) Please attach Attachment 8
- 9) Please attach Attachment 9
- 10) Please attach Attachment 10

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