

OMB Number: 1910-NEW
Expiration: XX-XX-XXXX

Create Account

Enter required information as shown below. When finished, click Save and Continue.

Fields with * are required.

| Personal Information | |
|------------------------------------|---|
| Prefix (Example: Mr., Ms., Dr.) | None ▾ |
| * First Name | <input type="text"/> |
| Middle Initial | <input type="text"/> |
| * Last Name | <input type="text"/> |
| Suffix (Example: Jr., Sr., III) | <input type="text"/> |
| * Username | <input type="text"/> |
| * Password | <input type="password"/> Password Instructions Passwords must be at least eight characters in length and contain the following: <ul style="list-style-type: none">• At least one lowercase letter (a-z)• At least one uppercase letter (A-Z)• At least one number (0-9)• At least one of these five special characters: ~ ! @ # * (+ View More) |
| * Retype Password | <input type="password"/> |
| * Security Question | Select One ▾ |
| * Security Answer | <input type="text"/> (Security Answer is case sensitive) |
| * Email | <input type="text"/> |

Cancel

Save and Continue

Paperwork Reduction Act Burden Disclosure Statement

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Notwithstanding any other provision of the law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB control number.

Submission of this data is required.

Login

Award Search Existing User

Friday 2nd October 2015 05:40:02 P.M. ET

Due to routine maintenance, PAMS may experience intermittent connectivity issues on Saturday, October 3rd, from 6:00 PM ET until Sunday, October 4th, at 6:00 AM ET.

Annual User Acknowledgement

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Note(s):

Please read this information carefully and accept by clicking on the 'Accept' button to proceed. You may decline it by clicking on the 'Decline' button, and you will not be able to log in.

PORTFOLIO ANALYSIS AND MANAGEMENT SYSTEM (PAMS)

NOTICE TO USERS

This is a U.S. Government, Department of Energy (DOE) system and it is for the use of authorized users only. The system is to be used for official Government business pertaining to the inquiring, applying, and managing of proposals and awards.

PRIVACY NOTICE

The system contains personal information protected under the provisions of the Privacy Act of 1974, 5 U.S.C. § 552(a), as amended. Violations of 5 U.S.C. § 552(a) may subject the offender to criminal penalties.

In the event it is suspected that you have not complied with these Rules of Behavior, your account will be frozen, you will be denied any access to the site, and criminal, civil, and/or administrative action may also be taken.

The Privacy Act generally prohibits government agencies from revealing personal information by any means of communication to any person without the prior written consent of the individual about whom the information pertains.

Section 641 of the Department of Energy Organization Act, codified at 42 U.S.C. § 7251, authorizes the DOE to collect, use, and retain information that is mandatory for the financial awards process. All information comes from proposals, reviews, and reports that are submitted to the DOE by authorized external users (i.e., scientists and research administrators).

This system is an interactive, web-based application that enforces edits and business rules that check for data completeness; therefore, individuals generally don't get a choice to opt out of providing information necessary to the financial awards process.

Reports about people, institutions, awards, and proposals can be produced for internal DOE use, e.g., evaluating and selecting applicants, determining funding for projects, and tracking awards and proposals. Only DOE employees and contractors who have a need to know based on their job responsibilities have access to these reports.

RULES OF BEHAVIOR

- 1. I consent to having my activities on the system monitored and understand that if such monitoring reveals possible evidence of criminal activity, system personnel may provide the evidence obtained by such monitoring to law enforcement officials.
2. I will not make unauthorized attempts to view or change information, or otherwise cause damage to the system and system data.
3. Information I provide in the course of using this system, and activities I perform in this system, shall not be false, inaccurate or misleading; violate any law, statute, ordinance or regulation, contain any viruses or any malicious code that may damage, detrimentally interfere with, surreptitiously intercept, or expropriate any system, data, or personal information.
4. I agree to protect my access codes from disclosure.
5. I agree to report security incidents and vulnerabilities to the DOE.
6. I will comply with the provisions of copyrighted software by not infringing upon or compromising (copy, distribute, manipulate, etc.) software of this system.
7. I agree to use the PAMS system in accordance with the DOE's policies and procedures.
8. I understand that all conditions and obligations imposed upon me by these rules apply during the time I am granted access to this system regardless of location.
9. I understand that the DOE reserves the right to terminate or suspend my access and use of PAMS, without notice, if there is a violation or suspected violation of these Rules of Behavior.

By submitting this page, I am consenting to the above stipulations.

I acknowledge and understand my responsibilities and agree to comply with the rules of behavior for PAMS.

I acknowledge and understand my responsibilities and agree to comply with the rules of behavior for PAMS.

Decline

Accept

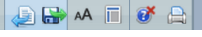
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Create Institution

OMB Number: 1910-NEW
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Institution Information

* Institution Name

Institution Website

* Institution Type If Other, please specify:

Sub Type Women Owned Socially And Economically Disadvantaged

EIN/TIN

DUNS (Example: 123456789 or 123456789INDV)

*** Mailing address (Required)**

Mailstop Code (Internal Routing)

Division / Department Name

Address Type Domestic Address International Address

Specify Domestic Address (Street Address or PO Box Only or Rural Route)

Address Street Number * Street Name
Select One Number

PO Box Only Number

Rural Route Type Number Box

* City (Required If Zip is not specified)

Urbanization (Used only for Puerto Rico(PR))

* State (Required If City is specified)

* Zip Code (Lookup [?](#)) - (Required if City is not specified)

Congressional District (Example: 01)

Providing the address information below is optional. If you decide to provide the address then all fields marked with an Required Field: are required

Physical Location Address (Optional)

Address Type Domestic Address International Address

Specify Domestic Address

* Address Street Number * Street Name
Select One Number

* City (Required If Zip is not specified)

Urbanization (Used only for Puerto Rico(PR))

* State (Required If City is specified)

* Zip Code (Lookup [?](#)) - (Required if City is not specified)

Congressional District (Example: 01)

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- Access Previously Submitted Grants.gov Proposal

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Submit Letter of Intent (LOI)

Complete the form below to submit a Letter of Intent (LOI). Search for and add only one PI and one SRO/BO/IO. If the PI or SRO/BO/IO is not registered, send an invitation (+ View More)

OMB Number: 1910-NEW
Expiration: XX-XX-XXXX

Solicitation Information

Solicitation Number: DE-FOA-0000629: FY 2012 Phase II (Release 3)

* Institution: Select One

* PI Information Select PI

Name: N/A
Email Address: N/A
Phone Number: N/A
Address: N/A

* SRO/BO/IO Information Select SRO/BO/IO

Name: N/A
Email Address: N/A
Phone Number: N/A
Address: N/A

Subcontractor/Consultant Information

Subcontractor/Consultant Details: Approximately 1/4 page (Max 500 Characters): 500 Characters left.

Project Information

* Letter of Intent Title:
* SBIR Phase: Select Phase
* Topic/Subtopic: Select Topic / Select Subtopic Populate Subtopic

* Letter of Intent (Minimum 1) (Maximum 1) Attach File

No documents attached

Cancel Save Submit to DOE

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Submit Letter of Intent (LOI)

Complete the form below to submit a Letter of Intent (LOI). Search for and add only one PI. If the PI is not registered, send an invitation to the PI to register to the the (+ View More)

OMB Number: 1910-NEW
Expiration: XX-XX-XXXX

| Solicitation Information | |
|--|--|
| Solicitation Number | DE-LAB-13-395: Early Career Research Program-Companion Lab |
| * Institution | Select One |
| * PI Information | |
| Select PI | |
| Name | N/A |
| Email Address | N/A |
| Phone Number | N/A |
| Address | N/A |
| Project Information | |
| * Letter of Intent Title | |
| * Program Manager | Select One |
| * Letter of Intent (Minimum 1) (Maximum 1) | |
| Attach File | |
| No documents attached | |
| Cancel | Save Submit to DOE |

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Complete the form below to submit a proposal. There are four components to the proposal, each represented by a tab—the Cover Page, Budget, Subawards, and Attachments. The (+ View More)

OMB Number: 1910-NEW
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- Cover Page
- Budget
- Subawards (optional)
- Attachments

Fields with * are required

Institution Information

* Institution Ames Laboratory, Ames, IA

*** Principal Investigator Information** ⓘ

Select PI

Name

Position/Title of PI

Phone Number N/A

Email Address

Address N/A

*** Sponsored Research Official/Business Official/Administrative Official (SRO/BO/AO) Information** ⓘ

Select SRO/BO/AO

Name

Phone Number N/A

Email Address

Address N/A

Project Information

* Proposal Title Invite to Submit to DOE Office of Science (char

* Program Manager Murphy, James

* Proposal Type New

Field Work Proposal Number
(if applicable) ⓘ**FWP Information** ⓘ

FWP Number

Target Year

Research and Other Related Project Information

* 1. Are Human Subjects Involved?

 Yes No

1a. If Yes, is the project exempt from Federal regulations? (Required only if the answer to question 1 is 'Yes')

 Yes No N/A

If Yes, check appropriate exemption number. (Required only if the answer to question 1a is 'Yes')

 1 2 3 4 5 6 N/A

If No, is the IRB review pending? (Required only if the answer to question 1a is 'No')

 Yes No N/AIRB Approval Date: ⓘHuman Subject Assurance Number:

★ 2. Are vertebrate animals used?

Yes No

2a. If Yes, is the IACUC review pending? (Required only if the answer to question 2 is 'Yes')

Yes No N/A

IACUC Approval Date: 

Animal Welfare Assurance Number:

Cancel

Choose Action

Go

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OMB Number: 1910-NEW
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- Cover Page
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- Attachments

+ Add Budget Period

| Budget Period | Start Date | End Date | Delete Period |
|---------------|--------------|--------------|---------------|
| 1 | Not Provided | Not Provided | |

Period 1 Budget Summary

Budget Tab Instructions

Budget Period Information

- * Budget Period Start Date Not Provided
- * Budget Period End Date Not Provided

A. Senior/Key Person

| # | Name | Project Role | Months | Requested Salary (\$) | Fringe Benefits (\$) | Funds Requested (\$) |
|-------------------------|------|--------------|--------|-----------------------|----------------------|----------------------|
| Total Senior/Key Person | | | | | | Not Provided |

B. Other Personnel

| # of Personnel | Project Role | Months | Requested Salary(\$) | Fringe Benefits (\$) | Funds Requested (\$) |
|---|--------------|--------|----------------------|----------------------|----------------------|
| Total Other Personnel | | | | | Not Provided |
| Total Salary, Wages and Fringe Benefits (A+B) | | | | | Not Provided |

C. Equipment Description

| # | Equipment Item | Funds Requested (\$) |
|-----------------|----------------|----------------------|
| Total Equipment | | Not Provided |

D. Travel

| # | Item | Funds Requested (\$) |
|--------------|--|----------------------|
| 1. | Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions) | Not Provided |
| 2. | Foreign Travel Costs | Not Provided |
| Total Travel | | Not Provided |

E. Participant/Trainee Support Costs

| # | Item | Funds Requested (\$) |
|---|-------------------------------|----------------------|
| 1. | Tuition/Fees/Health Insurance | Not Provided |
| 2. | Stipends | Not Provided |
| 3. | Travel | Not Provided |
| 4. | Subsistence | Not Provided |
| 5. | Other | Not Provided |
| Number of Participant/Trainees (Not Provided) | | |
| Total Participant/Trainee Support Costs | | Not Provided |

F. Other Direct Costs

| # | Item | Funds Requested (\$) |
|----|------------------------|----------------------|
| 1. | Materials and Supplies | Not Provided |

| | | |
|--------------------------|--|--------------|
| 2. | Publication Costs | Not Provided |
| 3. | Consultant Services | Not Provided |
| 4. | ADP/Computer Services | Not Provided |
| 5. | Subawards/Consortium/Contractual Costs | Not Provided |
| 6. | Equipment or Facility Rental/User Fees | Not Provided |
| 7. | Alterations and Renovations | Not Provided |
| 8. | Other | Not Provided |
| Total Other Direct Costs | | Not Provided |

G. Direct Costs

| # | Item | Funds Requested (\$) |
|----|-------------------------------|----------------------|
| 1. | Total Direct Costs (A thru F) | Not Provided |

H. Other Indirect Costs

| # | Item | Funds Requested (\$) |
|----------------------|------|----------------------|
| Total Indirect Costs | | Not Provided |

I. Total Direct and Indirect Costs

| # | Item | Funds Requested (\$) |
|----|---------------------------------------|----------------------|
| 1. | Total Direct and Indirect Costs (G+H) | Not Provided |

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Choose Action

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Cover Page
 Budget
 Subawards (optional)
 Attachments

Add Subaward

| DUNS | Institution | Options |
|---------------------|-------------|---------|
| No Subawards found. | | |

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| | | | |
|---|----------|------------------------|---------------|
| ✗ Cover Page | ✗ Budget | ✓ Subawards (optional) | ✗ Attachments |
| <ul style="list-style-type: none"> ★ Project Summary/Abstract (Minimum 1) (Maximum 1) Attach File No documents attached ★ Budget Justification Attachment (Minimum 1) (Maximum 1) Attach File No documents attached ★ Proposal Attachment (Minimum 1) (Maximum 1) Attach File No documents attached Other Attachments (Maximum 5) Attach File No documents attached | | | |

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DOE Interagency Proposals - Submit Proposal

Complete the form below to submit a Proposal. Click on the edit icon (✎) to update each section. Once you are done updating the information, click the 'Continue' button. (+ View More)

OMB Number: 1910-NEW
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- ✗ Cover Page
- ✗ Budget
- ✓ Subawards (optional)
- ✗ Attachments

Fields with * are required

Agency Information

| | |
|-------------|--|
| Agency Name | National Science Foundation |
| Address | 4201 Wilson Blvd, Arlington, VA 22203-1859 |

Project Information

| | |
|------------------|---|
| * Proposal Title | Invite to Submit to DOE Office of Science (char |
| * Proposal Type | New |
| * Award Number | |

*** Principal Investigator Information** Select PI

| | |
|----------------------|-----|
| Name | |
| Position/Title of PI | |
| Phone Number | N/A |
| Email Address | |
| Address | N/A |

*** Sponsored Research Official/Business Official/Administrative Official (SRO/BO/AO) Information** Select SRO/BO/AO

| | |
|---------------|-----|
| Name | |
| Phone Number | N/A |
| Email Address | |
| Address | N/A |

DOE Contact

| | |
|---|---------------------|
| DOE/Office of Science Program Contact First Name (if known) | |
| Last Name | |
| Position Title | |
| Email Address | |
| Phone Number | Select One - - Ext. |

Agency Business Contact Information

| | |
|-----------------|---------------------|
| Position Title | |
| Prefix | |
| * First Name | |
| Middle Name | |
| * Last Name | |
| Suffix | |
| * Email Address | |
| * Phone Number | Select One - - Ext. |
| Address | N/A |

Cancel

Choose Action Go

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OMB Number: 1910-NEW
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✗ Cover Page
✗ Budget
✓ Subawards (optional)
✗ Attachments

+ Add Budget Period

| Budget Period | Start Date | End Date | Delete Period |
|---------------|--------------|--------------|---------------|
| 1 | Not Provided | Not Provided | |

Period 1 Budget Summary

[Budget Tab Instructions](#)

Budget Period Information

| | |
|----------------------------|--------------|
| ★ Budget Period Start Date | Not Provided |
| ★ Budget Period End Date | Not Provided |

A. Senior/Key Person

| # | Name | Project Role | Months | Requested Salary (\$) | Fringe Benefits (\$) | Funds Requested (\$) |
|-------------------------|------|--------------|--------|-----------------------|----------------------|----------------------|
| Total Senior/Key Person | | | | | | Not Provided |

B. Other Personnel

| # of Personnel | Project Role | Months | Requested Salary(\$) | Fringe Benefits (\$) | Funds Requested (\$) |
|---|--------------|--------|----------------------|----------------------|----------------------|
| Total Other Personnel | | | | | Not Provided |
| Total Salary, Wages and Fringe Benefits (A+B) | | | | | Not Provided |

C. Equipment Description

| # | Equipment Item | Funds Requested (\$) |
|-----------------|----------------|----------------------|
| Total Equipment | | Not Provided |

D. Travel

| # | Item | Funds Requested (\$) |
|--------------|--|----------------------|
| 1. | Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions) | Not Provided |
| 2. | Foreign Travel Costs | Not Provided |
| Total Travel | | Not Provided |

E. Participant/Trainee Support Costs

| # | Item | Funds Requested (\$) |
|---|-------------------------------|----------------------|
| 1. | Tuition/Fees/Health Insurance | Not Provided |
| 2. | Stipends | Not Provided |
| 3. | Travel | Not Provided |
| 4. | Subsistence | Not Provided |
| 5. | Other | Not Provided |
| Number of Participant/Trainees (Not Provided) | | |
| Total Participant/Trainee Support Costs | | Not Provided |

F. Other Direct Costs

| # | Item | Funds Requested (\$) |
|----|------------------------|----------------------|
| 1. | Materials and Supplies | Not Provided |

| | | |
|--------------------------|--|--------------|
| 2. | Publication Costs | Not Provided |
| 3. | Consultant Services | Not Provided |
| 4. | ADP/Computer Services | Not Provided |
| 5. | Subawards/Consortium/Contractual Costs | Not Provided |
| 6. | Equipment or Facility Rental/User Fees | Not Provided |
| 7. | Alterations and Renovations | Not Provided |
| 8. | Other | Not Provided |
| Total Other Direct Costs | | Not Provided |

G. Direct Costs

| # | Item | Funds Requested (\$) |
|----|-------------------------------|----------------------|
| 1. | Total Direct Costs (A thru F) | Not Provided |

H. Other Indirect Costs

| # | Item | Funds Requested (\$) |
|----------------------|------|----------------------|
| Total Indirect Costs | | Not Provided |

I. Total Direct and Indirect Costs

| # | Item | Funds Requested (\$) |
|----|---------------------------------------|----------------------|
| 1. | Total Direct and Indirect Costs (G+H) | Not Provided |

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OMB Number: 1910-NEW
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Cover Page
 Budget
 Subawards (optional)
 Attachments

+ Add Subaward

| DUNS | Institution | Options |
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Progress bar with sections: Cover Page, Budget, Subawards (optional), Attachments. Below are expandable sections for Project Summary/Abstract, Budget Justification Attachment, Proposal Attachment, and Other Attachments, each with an 'Attach File' button and 'No documents attached' status.

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View/Update Profile

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Expiration: XX-XX-XXXX

Note(s): Required fields are marked with an asterisk. When finished, select the appropriate Save option from the Choose Action dropdown list at the bottom right of the (+ View More)

Profile Information | Background Information | Resume/CV

Fields with * are required

User Information

| | |
|---|---|
| User Name | saukhaext |
| Position Title (Example: Project Director, Director) | <input type="text"/> |
| Prefix (Example: Mr., Ms., Dr.) | None |
| * First Name | saukhya |
| Middle Initial | <input type="text"/> |
| * Last Name | Shrestha |
| Suffix (Example: Jr., Sr., III) | <input type="text"/> |
| Website | <input type="text"/> (Example: http://www.domain.com) |
| Gender | <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Do Not Wish to provide |
| Ethnicity | Select |
| Race | <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| Citizenship | Select |
| Disability | <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Visual Impairment <input type="checkbox"/> Mobility/Orthopedic Impairment <input type="checkbox"/> Other |

Contact Information

| | |
|-----------------|---|
| * Email Address | <input type="text" value="reitester11@gmail.com"/> (username@domain.com) <input checked="" type="radio"/> Preferred <input type="text"/> (username@domain.com) <input type="radio"/> Preferred <input type="text"/> (username@domain.com) <input type="radio"/> Preferred |
| Phone Number | Work <input type="text" value="333"/> <input type="text" value="333"/> - <input type="text" value="3333"/> Ext. <input type="text"/> <input checked="" type="radio"/> Preferred Select Type <input type="text"/> <input type="text"/> - <input type="text"/> Ext. <input type="text"/> <input type="radio"/> Preferred Select Type <input type="text"/> <input type="text"/> - <input type="text"/> Ext. <input type="text"/> <input type="radio"/> Preferred |
| Fax Number | <input type="text"/> <input type="text"/> - <input type="text"/> |

Mailing Address (Optional)

| | |
|----------------------------------|--|
| Mailstop Code (Internal Routing) | <input type="text"/> |
| Division / Department Name | <input type="text"/> |
| Company | <input type="text"/> |
| Address Type | <input checked="" type="radio"/> Domestic Address <input type="radio"/> International Address <input type="button" value="Refresh"/> |

Specify Domestic Address (Street Address or PO Box Only or Rural Route)

| | |
|--|--|
| <input type="radio"/> * Address | Street Number <input type="text"/> * Street Name <input type="text"/> Select One <input type="text"/> Number <input type="text"/> |
| <input checked="" type="radio"/> * PO Box Only | Number <input type="text"/> |
| <input type="radio"/> * Rural Route | Type <input type="text"/> Numb <input type="text"/> Box <input type="text"/> |
| * City | <input type="text"/> (Required if Zip is not specified) |
| Urbanization | <input type="text"/> (Used only for Puerto Rico(PR)) |
| * State | <input type="text"/> (Required if City is specified) |
| * Zip Code (Lookup ↗) | <input type="text"/> - <input type="text"/> (Required if City is not specified) |
| Congressional District | <input type="text"/> (Example: 01) |

Specify Domestic Address

[▶ Click here to enter physical location address if different from mailing address. \(Providing this address is optional.\)](#)

[Cancel and Return Home](#)

Choose Action

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Note(s): Required fields are marked with an asterisk. When finished, select the appropriate Save option from the Choose Action dropdown list at the bottom right of the (+ View More)

- Profile Information
- Background Information
- Resume/CV

Specialty Selection

Specialties

- Accelerator and Detector Research for Basic Energy Sciences
 - Accelerator Research and Development for Current and Future Nuclear Physics Facilities
 - Accelerator Research and Development for High Energy Physics
 - Advanced Design and System Studies
 - Applied Mathematics
 - Atmospheric Radiation Measurement Climate Research Facility
 - Atmospheric System Research
 - Atomic, Molecular, and Optical Sciences
- (Instructions: Hold Ctrl to select multiple names)

Keyword

Approximately 2 pages (Max 3000 Characters): 3000 Characters left.

Degree Information

| Degree | Field of Study | Award Year | Institution | Options |
|------------------------|----------------|------------|-------------|---------|
| No records to display. | | | | |

Cancel and Return Home

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Profile Information Background Information **Resume/CV**


Attached Documents

▼ Resume/CV (Maximum 1)

Attach File

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OMB Number: 1910-NEW
Expiration: XX-XX-XXXX

- ✓ Cover Page
- ✗ Budget
- ✓ Subawards (optional)
- ✓ Attachments

Solicitation Information

| | |
|----------------------------|--|
| Solicitation Number | DE-FOA-0001336: Theoretical Research in Magnetic Fusion Energy Science |
| Institution | The Regents of the University of California, Riverside |
| Proposal ID | 0000220167 |
| Grants.Gov Tracking Number | GRANT00619159 |
| Award Number | N/A |

Institution Information

| | |
|---------|--|
| Address | 200 University Office Building Riverside, CA 92521-0217 |
|---------|--|

Principal Investigator Information

| | |
|----------------------|---|
| Name | Shrestha , Saukhya |
| Position/Title of PI | N/A |
| Phone Number | 202-767-4004 |
| Email Address | reitester11@gmail.com |
| Address | 200 University Office Building Riverside, CA 92521 |

Cancel

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OMB Number: 4040-0001

Expiration: 06-30-2016

Cover Page
 Budget
 Subawards (optional)
 Attachments

[+ Add Budget Period](#)

| Budget Period | Start Date | End Date | Delete Period |
|---------------|------------|-----------|---------------|
| 1 | 6/30/2015 | 5/31/2016 | |

Period 1 Budget Summary

[Budget Tab Instructions](#)

Budget Period Information

| | |
|----------------------------|-----------|
| ★ Budget Period Start Date | 6/30/2015 |
| ★ Budget Period End Date | 5/31/2016 |

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. | | Lisa | | King | | PI | | | | | \$30,000.00 | \$10,000.00 | \$40,000.00 |
| 2. | | Saukhya | | Shrestha | | PD/PI | | | | | \$20,000.00 | \$10,000.00 | \$30,000.00 |
| Total Funds requested for all Senior Key Persons in the attached file | | | | | | | | | | | | Not Provided | |
| | | | | | | | | | | | | Total Senior/Key Person | \$70,000.00 |

Additional Senior Key Persons (Maximum 1)

[Attach File](#)

No documents attached

B. Other Personnel

| ★ # of Personnel | ★ Project Role | Cal. Months | Acad. Months | Sum. Months | ★ Requested Salary(\$) | ★ Fringe Benefits (\$) | Funds Requested (\$) |
|----------------------------------|--------------------------|-------------|--------------|-------------|------------------------|------------------------|----------------------|
| 1 | Post Doctoral Associates | | | | \$5,000.00 | \$5,000.00 | \$10,000.00 |
| Total Number Other Personnel (1) | | | | | | | |

B. Other Personnel

| ★ # of Personnel | ★ Project Role | Cal. Months | Acad. Months | Sum. Months | ★ Requested Salary(\$) | ★ Fringe Benefits (\$) | Funds Requested (\$) |
|----------------------------------|--------------------------|-------------|--------------|-------------|------------------------|------------------------|----------------------|
| 1 | Post Doctoral Associates | | | | \$5,000.00 | \$5,000.00 | \$10,000.00 |
| Total Number Other Personnel (1) | | | | | | | |

Total Other Personnel

\$10,000.00

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

\$80,000.00

C. Equipment Description

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

| # | Equipment Item | Funds Requested (\$) |
|--|----------------|----------------------|
| Total Funds requested for all equipment in the attached file | | Not Provided |
| Total Equipment | | Not Provided |

Additional Equipment (Maximum 1)

[Attach File](#)

No documents attached

D. Travel

| # | Item | Funds Requested (\$) |
|---|------|----------------------|
|---|------|----------------------|

| # | Item | Funds Requested (\$) |
|--------------|--|----------------------|
| 1. | Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions) | Not Provided |
| 2. | Foreign Travel Costs | Not Provided |
| Total Travel | | Not Provided |

E. Participant/Trainee Support Costs

| # | Item | Funds Requested (\$) |
|---|-------------------------------|----------------------|
| 1. | Tuition/Fees/Health Insurance | Not Provided |
| 2. | Stipends | Not Provided |
| 3. | Travel | Not Provided |
| 4. | Subsistence | Not Provided |
| 5. | Other | Not Provided |
| Number of Participant/Trainees (Not Provided) | | |
| Total Participant/Trainee Support Costs | | Not Provided |

F. Other Direct Costs

| # | Item | Funds Requested (\$) |
|--------------------------|--|----------------------|
| 1. | Materials and Supplies | Not Provided |
| 2. | Publication Costs | Not Provided |
| 3. | Consultant Services | Not Provided |
| 4. | ADP/Computer Services | Not Provided |
| 5. | Subawards/Consortium/Contractual Costs | Not Provided |
| 6. | Equipment or Facility Rental/User Fees | Not Provided |
| 7. | Alterations and Renovations | Not Provided |
| 8. | Other 1 | Not Provided |
| 9. | Other 2 | Not Provided |
| 10. | Other 3 | Not Provided |
| Total Other Direct Costs | | Not Provided |

G. Direct Costs

| # | Item | Funds Requested (\$) |
|----|-------------------------------|----------------------|
| 1. | Total Direct Costs (A thru F) | \$80,000.00 |

H. Indirect Costs

| # | Indirect Cost Type | Indirect Cost Rate (%) | Indirect Cost Base (\$) | Funds Requested (\$) |
|----------------------|--------------------|------------------------|-------------------------|----------------------|
| Total Indirect Costs | | | | Not Provided |

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

I. Total Direct and Indirect Costs

| # | Item | Funds Requested (\$) |
|----|---------------------------------------|----------------------|
| 1. | Total Direct and Indirect Costs (G+H) | \$80,000.00 |

J. Fee

| # | Item | Funds Requested (\$) |
|----|------|----------------------|
| 1. | Fee | Not Provided |

K. Cost of Project

| # | Item | Funds Requested (\$) |
|----|-----------------------------|----------------------|
| 1. | Total Cost of Project (I+J) | \$80,000.00 |

★ Budget Justification (Minimum 1) (Maximum 1) [Attach File](#)

No documents attached

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OMB Number: 1910-NEW
Expiration: XX-XX-XXXX

- ✓ Cover Page
- ✗ Budget
- ✓ Subawards (optional)
- ✓ Attachments

+ Add Subaward

| DUNS | Institution | Options |
|------|-------------|---------|
|------|-------------|---------|

No Subawards found.

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- ALL FUNCTIONS <<
- Tasks
 - Pending Tasks
- Applicant/Grantee
- Proposals
 - Complete Revised Budget**
 - Submit Public Abstract
- Reviewer
 - Review
 - Mali In
 - Panel Review
 - Proposal Scoring

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Complete Revised Budget

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OMB Number: 1910-NEW
Expiration: XX-XX-XXXX

Cover Page
 Budget
 Subawards (optional)
 Attachments

Revised Scope (Maximum 1) Attach File

No documents attached

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