OMB Approval No.:4040-0001 Expiration Date: mm/dd/yyyy

12

RESEARCH & RELATED BUDGET (TOTAL FED + NON-FED) - BUDGET PERIOD 1

* ORGANIZATIONAL DUNS:			Ente	er name of Organization	on:				
* Budget Type: Project Subaward/Consortium Budget Period: 1 * Start Date: * End Date:									
A. Senior/Key Person									
Additional Senior Key Persons: Add Attachment Delete Attachment View Attachment									
Total Funds requested for all Senior Key Persons in the attach				hed file					
				т	otal Senior/Key	Person			
B. Other Personnel									
* Number of Personnel * Project Role	Cal. Months	Acad. Months	Sum. Months	* Req. Salary (\$)	* Fringe Be	en. (\$)	* Total (Sal & FB) (Fed + Non-Fed) (* Non- Federal (\$)
Post Doctoral Associate	s								
Graduate Students									
Undergraduate Student	s								
Secretarial/Clerical][
Total Number Oth	er Personne	el			Total Other Pe	rsonnel			
		т	otal Sal	ary, Wages and Fri	nge Benefits	(A+B)			
C. Equipment Description									
List items and dollar amount for	r each ite	mexcee	dina \$5.0	000					
* Equipment Item			J ,				* Federal (\$)	* Non-Federal (\$)	* Total (Fed + Non-Fed) (\$)
Additional Equipment: Add Attachment Delete Attachment View Atlachment									
	Total fund	ds reques	sted for al	l oquipment listed in the	e attached file				71
				Tot	tal Equipment				
D. Travel * Non-Federal (\$) * Total (Fed + Non-Fed) (\$)									
1. Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions)									
2. Foreign Travel Costs									
				Total	Travel Costs				

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 4040-0001. The time required to complete this information collection is estimated to average 1 hour per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

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

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Section A, Senior/Key Personel		Total Federal (\$)	Total Non-Federal (\$)	Totals (\$)
Total Number Other Personnel	Section A, Senior/Key Person] [
Total Salary, Wages and Fringe Benefits (A+B)	Section B, Other Personnel		j	
Section C, Equipment Image: Construction of the section of the se	Total Number Other Personnel			
Section D, Travel	Total Salary, Wages and Fringe Benefits (A+B)] [
1. Domestic Image: Construction of the set	Section C, Equipment			
2. Foreign	Section D, Travel			
Section E, Participant/Trainee Support Costs	1. Domestic		i	
1. Tuition/Fees/Health Insurance	2. Foreign			
2. Stipends	Section E, Participant/Trainee Support Costs			
3. Travel	1. Tuition/Fees/Health Insurance			
4. Subsistence	2. Stipends			
5. Other	3. Travel			
6. Number of Participants/Trainees	4. Subsistence			
Section F, Other Direct Costs	5. Other			
1. Materials and Supplies	6. Number of Participants/Trainees			
2. Publication Costs	Section F, Other Direct Costs			
3. Consultant Services	1. Materials and Supplies			
4. ADP/Computer Services	2. Publication Costs			
5. Subawards/Consortium/Contractual Costs	3. Consultant Services			
6. Equipment or Facility Rental/User Fees	4. ADP/Computer Services			
7. Alterations and Renovations	5. Subawards/Consortium/Contractual Costs			
8. Other 1	6. Equipment or Facility Rental/User Fees			
9. Other 2	7. Alterations and Renovations			
10. Other 3	8. Other 1			
Section G, Direct Costs (A thru F)	9. Other 2			
Section H, Indirect Costs Section I, Total Direct and Indirect Costs (G + H)	10. Other 3			
Section I, Total Direct and Indirect Costs (G + H)	Section G, Direct Costs (A thru F)			
	Section H, Indirect Costs			
Section J, Fee	Section I, Total Direct and Indirect Costs (G + H)			
	Section J, Fee]	

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		

F.	Other Direct Costs	* Federal (\$)	* Non-Federal (\$)	* Total (Fed + Non-Fed) (\$)
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. I	Direct Costs	Federal (\$)	Non-Federal (\$)	Total (Fed + Non-Fed) (\$)
	Total Direct Costs (A thru F)			
<u>H. I</u>	ndirect Costs			
1	Indirect Cost Type Indirect Cost Rate (%) Indirect Cost Base (\$)	* Federal (\$)	* Non-Federal (\$)	* Total (Fed + Non-Fed) (\$)
	Total Indirect Costs			
(Age	nizant Federal Agency ncy Name, POC Name, and Number)			
<u>I. т</u>	otal Direct and Indirect Costs	Federal (\$)	Non-Federal (\$)	Total (Fed + Non-Fed) (\$)
	Total Direct and Indirect Institutional Costs (G + H)			
<u>J. F</u>	ee	Federal (\$)		

K. * Budget Justification

(Only attach one file.)

Add Attachment Delete Attachment View Attachment