Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0001). Do not return the completed form to this address.

Expiration Date: XX/XX/2018

## PHS 398 Modular Budget OMB Number: 0925-0001 **Budget Period: 1** \*Start Date: \*End Date: Funds Requested (\$) A. Direct Costs Direct Cost less Consortium Indirect (F&A) Consortium Indirect (F&A) Total Direct Costs B. Indirect (F&A) Costs Indirect (F&A) Indirect (F&A) Funds Requested (\$) Indirect (F&A) Type Rate (%) Base (\$) Add Additional Indirect Cost Cognizant Agency (Agency Name, POC Name and Phone Number) Indirect (F&A) Rate Agreement Date Total Indirect (F&A) Costs C. Total Direct and Indirect (F&A) Costs (A+B) Funds Requested (\$) Add Period **Cumulative Budget Information** Total Costs, Entire Project Period Section A, Total Direct Cost less Consortium Indirect (F&A) for Entire Project Period \$ Section A, Total Consortium Indirect (F&A) for Entire Project Period S Section A, Total Direct Costs for Entire Project Period Section B, Total Indirect (F&A) Costs for Entire Project Period \$ Section C, Total Direct and Indirect (F&A) Costs (A+B) for Entire Project Period **Budget Justifications** Personnel Justification Add Attachment Consortium Justification Add Attachment Additional Narrative Justification Add Attachment