

RESEARCH & RELATED BUDGET - Budget Period 1

OMB Number: 4040-0001
Expiration Date: 6/30/2016

ORGANIZATIONAL DUNS:

Enter name of Organization:

Budget Type: Project Subaward/Consortium

Budget Period: 1 **Start Date:** **End Date:**

A. Senior/Key Person

Prefix	First	Middle	Last	Suffix	Base Salary (\$)	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
						Cal.	Acad.	Sum.			
Dr.	<input type="text" value="PI First Name"/>	<input type="text"/>	<input type="text" value="PI Last Name"/>	<input type="text"/>	58,000.00			2.00	12,889.00	6,167.00	19,056.00

Project Role:

Dr.	<input type="text" value="CoPI First Name"/>	<input type="text"/>	<input type="text" value="CoPI Last Name"/>	<input type="text"/>	56,000.00			2.00	12,444.00	5,954.00	18,398.00
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Project Role:

Additional Senior Key Persons:

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

Total Senior/Key Person

B. Other Personnel

Number of Personnel	Project Role	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
		Cal.	Acad.	Sum.			
<input type="text"/>	Post Doctoral Associates	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Graduate Students	0.00	9.00	3.00	28,800.00	1,102.00	29,902.00
<input type="text"/>	Undergraduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Secretarial/Clerical	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Number Other Personnel **Total Other Personnel**

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

C. Equipment Description

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

Equipment item	Funds Requested (\$)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Additional Equipment:

Total funds requested for all equipment listed in the attached file

Total Equipment

D. Travel

Funds Requested (\$)

1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	2,000.00
2. Foreign Travel Costs	4,000.00
Total Travel Cost	6,000.00

E. Participant/Trainee Support Costs

Funds Requested (\$)

1. Tuition/Fees/Health Insurance	<input style="width: 100%; height: 25px;" type="text"/>
2. Stipends	<input style="width: 100%; height: 25px;" type="text"/>
3. Travel	<input style="width: 100%; height: 25px;" type="text"/>
4. Subsistence	<input style="width: 100%; height: 25px;" type="text"/>
5. Other <input style="width: 400px;" type="text"/>	<input style="width: 100%; height: 25px;" type="text"/>
<input style="width: 30px;" type="text"/> Number of Participants/Trainees	Total Participant/Trainee Support Costs
	<input style="width: 100%; height: 25px;" type="text"/>

F. Other Direct Costs

		Funds Requested (\$)
1.	Materials and Supplies	6,000.00
2.	Publication Costs	1,500.00
3.	Consultant Services	
4.	ADP/Computer Services	
5.	Subawards/Consortium/Contractual Costs	
6.	Equipment or Facility Rental/User Fees	
7.	Alterations and Renovations	
8.	Tuition	16,564.00
9.		
10.		
Total Other Direct Costs		24,064.00

G. Direct Costs

		Funds Requested (\$)
Total Direct Costs (A thru F)		97,420.00

H. Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
Modified Total Direct Costs	45.00	80,856.00	36,385.00
Total Indirect Costs			36,385.00

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

DHHS, Ernest Kineer, 214-767-3529

I. Total Direct and Indirect Costs

		Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)		133,805.00

J. Fee

Funds Requested (\$)

K. Budget Justification

(Only attach one file.)

BudgetJustification.pdf

Add Attachment

Delete Attachment

View Attachment

RESEARCH & RELATED BUDGET - Budget Period 2

OMB Number: 4040-0001
Expiration Date: 6/30/2016

ORGANIZATIONAL DUNS:

Enter name of Organization:

Budget Type: Project Subaward/Consortium

Budget Period: 2 **Start Date:** **End Date:**

A. Senior/Key Person

Prefix	First	Middle	Last	Suffix	Base Salary (\$)	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
						Cal.	Acad.	Sum.			
Dr.	PI First Name		PI Last Name		60,900.00			2.00	13,533.00	6,746.00	20,279.00

Project Role:

Dr.	CoPI First Name		CoPI Last Name		58,800.00			2.00	13,067.00	6,514.00	19,581.00
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Project Role:

Additional Senior Key Persons: **Total Funds requested for all Senior Key Persons in the attached file**

Total Senior/Key Person

B. Other Personnel

Number of Personnel	Project Role	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
		Cal.	Acad.	Sum.			
<input type="text"/>	Post Doctoral Associates	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Graduate Students	0.00	9.00	3.00	30,240.00	1,157.00	31,397.00
<input type="text"/>	Undergraduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Secretarial/Clerical	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Number Other Personnel **Total Other Personnel**

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

C. Equipment Description

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

Equipment item

Funds Requested (\$)

Additional Equipment:

Add Attachment

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View Attachment

Total funds requested for all equipment listed in the attached file

Total Equipment

D. Travel

Funds Requested (\$)

1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)

2,000.00

2. Foreign Travel Costs

4,000.00

Total Travel Cost

6,000.00

E. Participant/Trainee Support Costs

Funds Requested (\$)

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

		Funds Requested (\$)
1.	Materials and Supplies	6,000.00
2.	Publication Costs	1,500.00
3.	Consultant Services	
4.	ADP/Computer Services	
5.	Subawards/Consortium/Contractual Costs	
6.	Equipment or Facility Rental/User Fees	
7.	Alterations and Renovations	
8.	Tuition	18,220.00
9.		
10.		
Total Other Direct Costs		25,720.00

G. Direct Costs

		Funds Requested (\$)
Total Direct Costs (A thru F)		102,977.00

H. Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
Modified Total Direct Costs	45.00	84,757.00	38,141.00
Total Indirect Costs			38,141.00

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

DHHS, Ernest Kineer, 214-767-3529

I. Total Direct and Indirect Costs

		Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)		141,118.00

J. Fee

Funds Requested (\$)

K. Budget Justification

(Only attach one file.)

BudgetJustification.pdf

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RESEARCH & RELATED BUDGET - Budget Period 3

OMB Number: 4040-0001
Expiration Date: 6/30/2016

ORGANIZATIONAL DUNS:

Enter name of Organization:

Budget Type: Project Subaward/Consortium

Budget Period: 3 **Start Date:** **End Date:**

A. Senior/Key Person

Prefix	First	Middle	Last	Suffix	Base Salary (\$)	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
						Cal.	Acad.	Sum.			
Dr.	PI First Name		PI Last Name		63,945.00			2.00	14,210.00	7,368.00	21,578.00

Project Role:

Dr.	CoPI First Name		CoPI Last Name		61,740.00			2.00	13,720.00	7,114.00	20,834.00
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Project Role:

Additional Senior Key Persons: **Total Funds requested for all Senior Key Persons in the attached file**

Total Senior/Key Person

B. Other Personnel

Number of Personnel	Project Role	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
		Cal.	Acad.	Sum.			
<input type="text"/>	Post Doctoral Associates	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Graduate Students	0.00	9.00	3.00	31,752.00	1,215.00	32,967.00
<input type="text"/>	Undergraduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Secretarial/Clerical	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Number Other Personnel **Total Other Personnel**

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

C. Equipment Description

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

Equipment item

Funds Requested (\$)

Additional Equipment:

Add Attachment

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View Attachment

Total funds requested for all equipment listed in the attached file

Total Equipment

D. Travel

Funds Requested (\$)

1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)

2,000.00

2. Foreign Travel Costs

4,000.00

Total Travel Cost

6,000.00

E. Participant/Trainee Support Costs

Funds Requested (\$)

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

		Funds Requested (\$)
1.	Materials and Supplies	6,000.00
2.	Publication Costs	1,500.00
3.	Consultant Services	
4.	ADP/Computer Services	
5.	Subawards/Consortium/Contractual Costs	
6.	Equipment or Facility Rental/User Fees	
7.	Alterations and Renovations	
8.	Tuition	20,044.00
9.		
10.		
Total Other Direct Costs		27,544.00

G. Direct Costs

		Funds Requested (\$)
Total Direct Costs (A thru F)		108,923.00

H. Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
Modified Total Direct Costs	45.00	88,879.00	39,996.00
Total Indirect Costs			39,996.00

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

DHHS, Ernest Kineer, 214-767-3529

I. Total Direct and Indirect Costs

		Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)		148,919.00

J. Fee

Funds Requested (\$)

K. Budget Justification

(Only attach one file.)

BudgetJustification.pdf

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RESEARCH & RELATED BUDGET - Budget Period 4

OMB Number: 4040-0001
Expiration Date: 6/30/2016

ORGANIZATIONAL DUNS:

Enter name of Organization:

Budget Type: Project Subaward/Consortium

Budget Period: 4 **Start Date:** **End Date:**

A. Senior/Key Person

Prefix	First	Middle	Last	Suffix	Base Salary (\$)	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
						Cal.	Acad.	Sum.			
Dr.	PI First Name		PI Last Name		67,142.00			2.00	14,921.00	8,035.00	22,956.00

Project Role:

Dr.	CoPI First Name		CoPI Last Name		64,827.00			2.00	14,406.00	7,758.00	22,164.00
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Project Role:

Additional Senior Key Persons: **Total Funds requested for all Senior Key Persons in the attached file**

Total Senior/Key Person

B. Other Personnel

Number of Personnel	Project Role	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
		Cal.	Acad.	Sum.			
<input type="text"/>	Post Doctoral Associates	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Graduate Students	0.00	9.00	3.00	33,340.00	1,275.00	34,615.00
<input type="text"/>	Undergraduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Secretarial/Clerical	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Number Other Personnel **Total Other Personnel**

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

C. Equipment Description

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

Equipment item

Funds Requested (\$)

Additional Equipment:

Add Attachment

Delete Attachment

View Attachment

Total funds requested for all equipment listed in the attached file

Total Equipment

D. Travel

Funds Requested (\$)

1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)

2,000.00

2. Foreign Travel Costs

4,000.00

Total Travel Cost

6,000.00

E. Participant/Trainee Support Costs

Funds Requested (\$)

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

		Funds Requested (\$)
1.	Materials and Supplies	6,000.00
2.	Publication Costs	1,500.00
3.	Consultant Services	
4.	ADP/Computer Services	
5.	Subawards/Consortium/Contractual Costs	
6.	Equipment or Facility Rental/User Fees	
7.	Alterations and Renovations	
8.	Tuition	22,048.00
9.		
10.		
Total Other Direct Costs		29,548.00

G. Direct Costs

		Funds Requested (\$)
Total Direct Costs (A thru F)		115,283.00

H. Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
Modified Total Direct Costs	45.00	93,235.00	41,956.00
Total Indirect Costs			41,956.00

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

DHHS, Ernest Kineer, 214-767-3529

I. Total Direct and Indirect Costs

		Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)		157,239.00

J. Fee

Funds Requested (\$)

K. Budget Justification

(Only attach one file.)

BudgetJustification.pdf

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RESEARCH & RELATED BUDGET - Budget Period 5

OMB Number: 4040-0001
Expiration Date: 6/30/2016

ORGANIZATIONAL DUNS:

Enter name of Organization:

Budget Type: Project Subaward/Consortium

Budget Period: 5 **Start Date:** **End Date:**

A. Senior/Key Person

Prefix	First	Middle	Last	Suffix	Base Salary (\$)	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
						Cal.	Acad.	Sum.			
Dr.	PI First Name		PI Last Name		70,500.00			2.00	15,667.00	8,750.00	24,417.00

Project Role:

Dr.	CoPI First Name		CoPI Last Name		68,068.00			2.00	15,126.00	8,448.00	23,574.00
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Project Role:

Additional Senior Key Persons: **Total Funds requested for all Senior Key Persons in the attached file**

Total Senior/Key Person

B. Other Personnel

Number of Personnel	Project Role	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
		Cal.	Acad.	Sum.			
<input type="text"/>	Post Doctoral Associates	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Graduate Students	0.00	9.00	3.00	35,007.00	1,339.00	36,346.00
<input type="text"/>	Undergraduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Secretarial/Clerical	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Number Other Personnel **Total Other Personnel**

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

C. Equipment Description

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

Equipment item

Funds Requested (\$)

Additional Equipment:

Add Attachment

Delete Attachment

View Attachment

Total funds requested for all equipment listed in the attached file

Total Equipment

D. Travel

Funds Requested (\$)

1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)

2,000.00

2. Foreign Travel Costs

4,000.00

Total Travel Cost

6,000.00

E. Participant/Trainee Support Costs

Funds Requested (\$)

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

		Funds Requested (\$)
1.	Materials and Supplies	6,000.00
2.	Publication Costs	1,500.00
3.	Consultant Services	
4.	ADP/Computer Services	
5.	Subawards/Consortium/Contractual Costs	
6.	Equipment or Facility Rental/User Fees	
7.	Alterations and Renovations	
8.	Tuition	24,256.00
9.		
10.		
Total Other Direct Costs		31,756.00

G. Direct Costs

		Funds Requested (\$)
Total Direct Costs (A thru F)		122,093.00

H. Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
Modified Total Direct Costs	45.00	97,837.00	440,267.00
Total Indirect Costs			440,267.00

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

DHHS, Ernest Kineer, 214-767-3529

I. Total Direct and Indirect Costs

		Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)		562,360.00

J. Fee

Funds Requested (\$)

K. Budget Justification

(Only attach one file.)

BudgetJustification.pdf

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RESEARCH & RELATED BUDGET - Cumulative Budget

Totals (\$)

Section A, Senior/Key Person		212,837.00
Section B, Other Personnel		165,227.00
Total Number Other Personnel	10	
Total Salary, Wages and Fringe Benefits (A+B)		378,064.00
Section C, Equipment		
Section D, Travel		30,000.00
1. Domestic	10,000.00	
2. Foreign	20,000.00	
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		138,632.00
1. Materials and Supplies	30,000.00	
2. Publication Costs	7,500.00	
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	101,132.00	
9. Other 2		
10. Other 3		
Section G, Direct Costs (A thru F)		546,696.00
Section H, Indirect Costs		596,745.00
Section I, Total Direct and Indirect Costs (G + H)		1,143,441.00
Section J, Fee		