

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 1

* ORGANIZATIONAL DUNS:

* Budget Type: Project Subaward/Consortium

Enter name of Organization:

* 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.	Dr.	PI First Name		PI Last Name		PD/PI	58,000.00			2.00	12,889.00	4,212.00	17,101.00
2.	Dr.	CoPIFirstName		CoPILastName		Co-PI	56,000.00			2.00	12,444.00	4,067.00	16,511.00
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:

B. Other Personnel

* Number of Personnel	* Project Role	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)
<input type="text"/>	Post Doctoral Associates						
<input type="text" value="2"/>	Graduate Students	12.00			28,800.00	0.00	28,800.00
<input type="text"/>	Undergraduate Students						
<input type="text"/>	Secretarial/Clerical						
<input type="text"/>							
<input type="text"/>							
<input type="text"/>							
<input type="text"/>							
<input type="text"/>							
<input type="text" value="2"/>	Total Number Other Personnel						

Total Other Personnel

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

Close Form

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

* ORGANIZATIONAL DUNS: 7994512730000

* Budget Type: Project Subaward/Consortium

Enter name of Organization: University of Louisiana at Lafc

* Start Date: 08/01/2010 * End Date: 07/31/2011 Budget Period 1

C. Equipment Description

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

	Equipment item	* Funds Requested (\$)
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

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 <input type="text"/>	
<input type="text"/>	Number of Participants/Trainees	Total Participant/Trainee Support Costs

RESEARCH & RELATED Budget {C-E} (Funds Requested)

Close Form

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

* ORGANIZATIONAL DUNS: 7994512730000

* Budget Type: [X] Project [] Subaward/Consortium

Enter name of Organization: University of Louisiana at Lafc

* Start Date: 08/01/2010 * End Date: 07/31/2011 Budget Period 1

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	10,000.00
9.	
10.	
Total Other Direct Costs	17,500.00

G. Direct Costs	Funds Requested (\$)
Total Direct Costs (A thru F)	85,912.00

H. Indirect Costs	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1. Modified Total Direct Costs	43.00	75,912.00	32,642.00
2.			
3.			
4.			
Total Indirect Costs			32,642.00

Cognizant Federal Agency DHHS, Shon Turner, 214-767-3267
(Agency Name, POC Name, and POC Phone Number)

I. Total Direct and Indirect Costs	Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)	118,554.00

J. Fee	Funds Requested (\$)

K. * Budget Justification Project_BudgetJustification.pdf [Add Attachment] [Delete Attachment] [View Attachment]
(Only attach one file.)

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 2

* ORGANIZATIONAL DUNS:

* Budget Type: Project Subaward/Consortium

Enter name of Organization:

* Start Date: * End Date: Budget Period 2

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.	Dr.	PI First Name		PI Last Name		PD/PI	60,900.00			2.00	13,533.00	4,423.00	17,956.00
2.	Dr.	CoPIFirstName		CoPILastName		Co-PI	58,800.00			2.00	13,067.00	4,270.00	17,337.00
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:

B. Other Personnel

* Number of Personnel	* Project Role	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)
<input type="text"/>	Post Doctoral Associates						
<input type="text" value="2"/>	Graduate Students	12.00			30,240.00	0.00	30,240.00
<input type="text"/>	Undergraduate Students						
<input type="text"/>	Secretarial/Clerical						
<input type="text"/>							
<input type="text"/>							
<input type="text"/>							
<input type="text"/>							
<input type="text"/>							
<input type="text" value="2"/>	Total Number Other Personnel						
						Total Other Personnel	<input type="text" value="30,240.00"/>
					Total Salary, Wages and Fringe Benefits (A+B)		<input type="text" value="65,533.00"/>

Close Form

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 2

* ORGANIZATIONAL DUNS: 7994512730000

* Budget Type: Project Subaward/Consortium

Enter name of Organization: University of Louisiana at Lafc

* Start Date: 08/01/2011 * End Date: 07/31/2012 Budget Period 2

C. Equipment Description

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

	Equipment item	* Funds Requested (\$)
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

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 <input type="text"/>	
<input type="text"/>	Number of Participants/Trainees	Total Participant/Trainee Support Costs

RESEARCH & RELATED Budget {C-E} (Funds Requested)

Close Form

RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 2

* ORGANIZATIONAL DUNS: 7994512730000

* Budget Type: [X] Project [] Subaward/Consortium

Enter name of Organization: University of Louisiana at Lafc

* Start Date: 08/01/2011 * End Date: 07/31/2012 Budget Period 2

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	10,500.00
9.	
10.	
Total Other Direct Costs	18,000.00

G. Direct Costs	Funds Requested (\$)
Total Direct Costs (A thru F)	89,533.00

H. Indirect Costs	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1. Modified Total Direct Costs	43.00	79,033.00	33,984.00
2.			
3.			
4.			
Total Indirect Costs			33,984.00

Cognizant Federal Agency DHHS, Shon Turner, 214-767-3267
(Agency Name, POC Name, and POC Phone Number)

I. Total Direct and Indirect Costs	Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)	123,517.00

J. Fee	Funds Requested (\$)

K. * Budget Justification Project_BudgetJustification.pdf [Add Attachment] [Delete Attachment] [View Attachment]
(Only attach one file.)

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 3

* ORGANIZATIONAL DUNS:

* Budget Type: Project Subaward/Consortium

Enter name of Organization:

* Start Date: * End Date: Budget Period 3

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.	Dr.	PI First Name		PI Last Name		PD/PI	63,945.00			2.00	14,210.00	4,644.00	18,854.00
2.	Dr.	CoPIFirstName		CoPILastName		Co-PI	61,740.00			2.00	13,720.00	4,484.00	18,204.00
3.													
4.													
5.													
6.													
7.													
8.													
9.	Total Funds requested for all Senior Key Persons in the attached file												
												Total Senior/Key Person	37,058.00

Additional Senior Key Persons:

Add Attachment

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View Attachment

B. Other Personnel

* Number of Personnel	* Project Role	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)
<input type="text"/>	Post Doctoral Associates						
2	Graduate Students	12.00			31,752.00	0.00	31,752.00
<input type="text"/>	Undergraduate Students						
<input type="text"/>	Secretarial/Clerical						
<input type="text"/>							
<input type="text"/>							
<input type="text"/>							
<input type="text"/>							
<input type="text"/>							
<input type="text"/>							
2	Total Number Other Personnel						
						Total Other Personnel	31,752.00
						Total Salary, Wages and Fringe Benefits (A+B)	68,810.00

Close Form

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 3

* ORGANIZATIONAL DUNS: 7994512730000

* Budget Type: Project Subaward/Consortium

Enter name of Organization: University of Louisiana at Lafc

* Start Date: 08/01/2012 * End Date: 07/31/2013 Budget Period 3

C. Equipment Description

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

	Equipment item	* Funds Requested (\$)
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

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 <input type="text"/>	
<input type="text"/>	Number of Participants/Trainees	Total Participant/Trainee Support Costs

RESEARCH & RELATED Budget {C-E} (Funds Requested)

Close Form

RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 3

* ORGANIZATIONAL DUNS: 7994512730000

* Budget Type: [X] Project [] Subaward/Consortium

Enter name of Organization: University of Louisiana at Lafc

* Start Date: 08/01/2012 * End Date: 07/31/2013 Budget Period 3

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	11,025.00
9.	
10.	
Total Other Direct Costs	18,525.00

G. Direct Costs	Funds Requested (\$)
Total Direct Costs (A thru F)	93,335.00

H. Indirect Costs	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1. Modified Total Direct Costs	43.00	82,310.00	35,393.00
2.			
3.			
4.			
Total Indirect Costs			35,393.00

Cognizant Federal Agency DHHS, Shon Turner, 214-767-3267
(Agency Name, POC Name, and POC Phone Number)

I. Total Direct and Indirect Costs	Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)	128,728.00

J. Fee	Funds Requested (\$)

K. * Budget Justification Project_BudgetJustification.pdf [Add Attachment] [Delete Attachment] [View Attachment]
(Only attach one file.)

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 4

* ORGANIZATIONAL DUNS:

* Budget Type: Project Subaward/Consortium

Enter name of Organization:

* Start Date: * End Date: Budget Period 4

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.	Dr.	PI First Name		PI Last Name		PD/PI	67,142.00			2.00	14,921.00	4,876.00	19,797.00
2.	Dr.	CoPIFirstName		CoPILastName		Co-PI	64,827.00			2.00	14,406.00	4,708.00	19,114.00
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:

B. Other Personnel

* Number of Personnel	* Project Role	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)
<input type="text"/>	Post Doctoral Associates						
<input type="text" value="2"/>	Graduate Students	12.00			33,340.00	0.00	33,340.00
<input type="text"/>	Undergraduate Students						
<input type="text"/>	Secretarial/Clerical						
<input type="text"/>							
<input type="text"/>							
<input type="text"/>							
<input type="text"/>							
<input type="text"/>							
<input type="text" value="2"/>	Total Number Other Personnel						

Total Other Personnel

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

Close Form

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 4

* ORGANIZATIONAL DUNS: 7994512730000

* Budget Type: Project Subaward/Consortium

Enter name of Organization: University of Louisiana at Lafc

* Start Date: 08/01/2013 * End Date: 07/31/2014 Budget Period 4

C. Equipment Description

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

	Equipment item	* Funds Requested (\$)
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

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View Attachment

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 <input type="text"/>	
<input type="text"/>	Number of Participants/Trainees	Total Participant/Trainee Support Costs

RESEARCH & RELATED Budget {C-E} (Funds Requested)

Close Form

RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 4

* ORGANIZATIONAL DUNS: 7994512730000

* Budget Type: [X] Project [] Subaward/Consortium

Enter name of Organization: University of Louisiana at Lafc

* Start Date: 08/01/2013 * End Date: 07/31/2014 Budget Period 4

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	11,577.00
9.	
10.	
Total Other Direct Costs	19,077.00

G. Direct Costs	Funds Requested (\$)
Total Direct Costs (A thru F)	97,328.00

H. Indirect Costs	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1. Modified Total Direct Costs	43.00	85,751.00	36,873.00
2.			
3.			
4.			
Total Indirect Costs			36,873.00

Cognizant Federal Agency DHHS, Shon Turner, 214-767-3267
(Agency Name, POC Name, and POC Phone Number)

I. Total Direct and Indirect Costs	Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)	134,201.00

J. Fee	Funds Requested (\$)

K. * Budget Justification Project_BudgetJustification.pdf [Add Attachment] [Delete Attachment] [View Attachment]
(Only attach one file.)

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 5

* ORGANIZATIONAL DUNS:

* Budget Type: Project Subaward/Consortium

Enter name of Organization:

* Start Date: * End Date: Budget Period 5

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.	Dr.	PI First Name		PI Last Name		PD/PI	70,500.00			2.00	15,667.00	5,120.00	20,787.00
2.	Dr.	CoPIFirstName		CoPILastName		Co-PI	68,068.00			2.00	15,126.00	4,943.00	20,069.00
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:

B. Other Personnel

* Number of Personnel	* Project Role	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)
<input type="text"/>	Post Doctoral Associates						
<input type="text" value="2"/>	Graduate Students	12.00			35,007.00	0.00	35,007.00
<input type="text"/>	Undergraduate Students						
<input type="text"/>	Secretarial/Clerical						
<input type="text"/>							
<input type="text"/>							
<input type="text"/>							
<input type="text"/>							
<input type="text"/>							
<input type="text" value="2"/>	Total Number Other Personnel						
						Total Other Personnel	<input type="text" value="35,007.00"/>
					Total Salary, Wages and Fringe Benefits (A+B)		<input type="text" value="75,863.00"/>

Close Form

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 5

* ORGANIZATIONAL DUNS: 7994512730000

* Budget Type: Project Subaward/Consortium

Enter name of Organization: University of Louisiana at Lafc

* Start Date: 08/01/2014 * End Date: 07/31/2015 Budget Period 5

C. Equipment Description

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

	Equipment item	* Funds Requested (\$)
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

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View Attachment

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 <input type="text"/>	
<input type="text"/>	Number of Participants/Trainees	Total Participant/Trainee Support Costs

RESEARCH & RELATED Budget {C-E} (Funds Requested)

Close Form

RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 5

* ORGANIZATIONAL DUNS: 7994512730000

* Budget Type: [X] Project [] Subaward/Consortium

Enter name of Organization: University of Louisiana at Lafc

* Start Date: 08/01/2014 * End Date: 07/31/2015 Budget Period 5

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	12,156.00
9.	
10.	
Total Other Direct Costs	19,656.00

G. Direct Costs	Funds Requested (\$)
Total Direct Costs (A thru F)	101,519.00

H. Indirect Costs	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1. Modified Total Direct Costs	43.00	89,363.00	38,426.00
2.			
3.			
4.			
Total Indirect Costs			38,426.00

Cognizant Federal Agency DHHS, Shon Turner, 214-767-3267
(Agency Name, POC Name, and POC Phone Number)

I. Total Direct and Indirect Costs	Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)	139,945.00

J. Fee	Funds Requested (\$)

K. * Budget Justification Project_BudgetJustification.pdf (Only attach one file.) [Add Attachment] [Delete Attachment] [View Attachment]

RESEARCH & RELATED BUDGET - Cumulative Budget

		Totals (\$)
Section A, Senior/Key Person		185,730.00
Section B, Other Personnel		159,139.00
Total Number Other Personnel	10	
Total Salary, Wages and Fringe Benefits (A+B)		344,869.00
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		92,758.00
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	55,258.00	
9. Other 2		
10. Other 3		
Section G, Direct Costs (A thru F)		467,627.00
Section H, Indirect Costs		177,318.00
Section I, Total Direct and Indirect Costs (G + H)		644,945.00
Section J, Fee		