

RESEARCH & RELATED BUDGET - Budget Period 1

OMB Number: 4040-0001
Expiration Date: 11/30/2025

UEI:

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. | | | |
| | Rachel | | Khan | PD/PI | | 4.8 | | | 0.00 | 0.00 | 0.00 |

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"/> |
| <input type="text"/> | Graduate Students | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <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) | <input style="width: 100%;" type="text"/> |
| 2. Foreign Travel Costs | <input style="width: 100%;" type="text"/> |
| Total Travel Cost | <input style="width: 100%;" type="text"/> |

E. Participant/Trainee Support Costs

| | Funds Requested (\$) |
|---|--|
| 1. Tuition/Fees/Health Insurance | <input style="width: 100%;" type="text"/> |
| 2. Stipends | <input style="width: 100%;" type="text"/> |
| 3. Travel | <input style="width: 100%;" type="text"/> |
| 4. Subsistence | <input style="width: 100%;" type="text"/> |
| 5. Other <input style="width: 300%;" type="text"/> | <input style="width: 100%;" type="text"/> |
| <input style="width: 30px;" type="text"/> Number of Participants/Trainees | Total Participant/Trainee Support Costs |
| | <input style="width: 100%;" type="text"/> |

F. Other Direct Costs

Funds Requested (\$)

- 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

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| 275,000.00 |
| 0.00 |
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| |
| 275,000.00 |

8. Requested Direct Costs

9. Data Management and Sharing Costs

10.

11.

12.

13.

14.

15.

16.

17.

Total Other Direct Costs

G. Direct Costs

Funds Requested (\$)

Total Direct Costs (A thru F)

275,000.00

H. Indirect Costs

| Indirect Cost Type | Indirect Cost Rate (%) | Indirect Cost Base (\$) | Funds Requested (\$) |
|--------------------|------------------------|-------------------------|----------------------|
| MTDC | 55 | 275,000.00 | 151,250.00 |

Total Indirect Costs

151,250.00

Cognizant Federal Agency

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

I. Total Direct and Indirect Costs

Funds Requested (\$)

Total Direct and Indirect Institutional Costs (G + H)

426,250.00

J. Fee

Funds Requested (\$)

0.00

K. Total Costs and Fee

Funds Requested (\$)

Total Costs and Fee (I + J)

426,250.00

L. Budget Justification

(Only attach one file.) **(upload a word document for budget justification)**

Budget justification:

Data Management and Sharing Costs Justification: Budget is not requested for data management and sharing costs.

Note to applicants: This sample form is for year 1 and separate budget forms must be filled for years 2-5 and a cumulative form for the application.