

**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 (\$)

Thermal cycler

11,000.00

Additional Equipment:

Add Attachment

Delete Attachment

View Attachment

Total funds requested for all equipment listed in the attached file

11,000.00

Total Equipment

11,000.00

**D. Travel**

Funds Requested (\$)

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


Total Travel Cost

**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	
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. Requested Direct Costs	264,000.00
10. Data management and sharing costs	0.00
11.	
12.	
13.	
14.	
15.	
16.	
17.	
<b>Total Other Direct Costs</b>	<b>264,000.00</b>

**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	264,000.00	145,200.00
<b>Total Indirect Costs</b>			<b>145,200.00</b>

**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)** 420,200.00

**J. Fee**

Funds Requested (\$)

0.00

**K. Total Costs and Fee**

Funds Requested (\$)

**Total Costs and Fee (I + J)** 420,200.00

**L. Budget Justification**

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

## **Budget justification:**

Exclusions were applied to the F&A base calculation of equipment costs.

**Equipment:** A thermal cycler is needed for the PCR experiments proposed in the application.

**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 cumulative form for the application.**