

Opportunity Title:	Basic and Translational Research Opportunities in the Soc	
Offering Agency:	National Institutes of Health	
CFDA Number:	93.242	
CFDA Description:	Mental Health Research Grants	
Opportunity Number:	PAR-06-389	
Competition ID:	VERSION-2-FORMS	
Opportunity Open Date:	08/25/2006	
Opportunity Close Date:	09/26/2008	
Agency Contact:	Grants Info TTY 301.451.0088 E-mail: GrantsInfo@nih.gov	

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

\* Application Filing Name: Hoffman M/00061612/Genetic Reg of CNP1

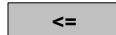
### Mandatory Documents

Open Form

Move Form to Submission List



Move Form to Documents List



### Mandatory Completed Documents for Submission

SF424 (R&R)  
 Research & Related Other Project Information  
 Research & Related Project/Performance Site Locations  
**Research & Related Senior/Key Person**  
 PHS 398 Cover Page Supplement  
 PHS 398 Research Plan

Open Form

### Optional Documents

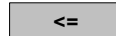
R&R Subaward Budget Attachment Form

Open Form

Move Form to Submission List



Move Form to Documents List



### Optional Completed Documents for Submission

PHS 398 Cover Letter File  
 PHS 398 Modular Budget  
**Research & Related Budget**

Open Form

## Instructions

- 1
**Enter a name for the application in the Application Filing Name field.**
  - This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
  - You can save your application at any time by clicking the "Save" button at the top of your screen.
  - The "Submit" button will not be functional until the application is complete and saved.
  
- 2
**Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.**
  - It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
  - The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
  - To open an item, simply click on it to select the item and then click on the "Open" button. When you have completed a form or document, click the form/document name to select it, and then click the => button. This will move the form/document to the "Completed Documents" box. To remove a form/document from the "Completed Documents" box, click the form/document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
  - When you open a required form, the fields which must be completed are highlighted in yellow. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.
  
- 3
**Click the "Submit" button to submit your application to Grants.gov.**
  - Once you have properly completed all required documents and saved the application, the "Submit" button will become active.
  - You will be taken to a confirmation page where you will be asked to verify that this is the funding opportunity and Agency to which you want to submit an application.

## Application Submission Verification and Signature


Opportunity Title: **Basic and Translational Research Opportunities in the Social I**  
Offering Agency: **National Institutes of Health**  
CFDA Number: **93.242**  
CFDA Description: **Mental Health Research Grants**  
Opportunity Number: **PAR-06-389**  
Competition ID: **VERSION-2-FORMS**  
Opportunity Open Date: **08/25/2006**  
Opportunity Close Date: **09/26/2008**  
Application Filing Name : **Hoffman M/00061612/Genetic Reg of CNP1**

### Do you wish to sign and submit this Application?

Please review the summary provided to ensure that the information listed is correct and that you are submitting an application to the opportunity for which you want to apply.

If you want to submit the application package for the listed funding opportunity, click on the "Sign and Submit Application" button below to complete the process. You will then see a screen prompting you to enter your user ID and password.

If you do not want to submit the application at this time, click the "Exit Application" button. You will then be returned to the previous page where you can make changes to the required forms and documents or exit the process.

If this is not the application for the funding opportunity for which you wish to apply, you must exit this application package and then download  and complete the correct application package.

**Sign and Submit Application**

**Exit Application**

APPLICATION FOR FEDERAL ASSISTANCE  
SF 424 (R&R)

<b>2. DATE SUBMITTED</b> [ ]		<b>Applicant Identifier</b> PeopleSoft# or UPN or blank [ ]
<b>3. DATE RECEIVED BY STATE</b> [ ]		<b>State Application Identifier</b> [ ]
<b>1. * TYPE OF SUBMISSION</b> <input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application		
<b>4. Federal Identifier</b> [ ]		
<b>5. APPLICANT INFORMATION</b> * Legal Name: University of Florida * Organizational DUNS: 969663814 Department: Division of Sponsored Research Division: [ ] * Street1: 219 Grinter Hall Street2: Box 115500 * City: Gainesville County: [ ] * State: FL: Florida Province: [ ] * Country: UNITED ST * ZIP / Postal Code: 32611		
Person to be contacted on matters involving this application Prefix: [ ] * First Name: Thomas Middle Name: E * Last Name: Walsh Suffix: PhD * Phone Number: 352-392-1582 Fax Number: 352-392-9605 Email: ufawards@rgp.ufl.edu		
<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b> 59-6002052	<b>7. * TYPE OF APPLICANT:</b> H: Public/State Controlled Institution of Higher Education Other (Specify): <b>Small Business Organization Type</b> <input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged	
<b>8. * TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, mark appropriate box(es). <input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration <input type="checkbox"/> E. Other (specify): * Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies?	<b>9. * NAME OF FEDERAL AGENCY:</b> National Institutes of Health <b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 93.242 TITLE: Mental Health Research Grants	
<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Genetic Regulation of CNP1 NOTE: For NIH there is a limit of 81 characters including spaces		
<b>12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)</b> Florida		
<b>13. PROPOSED PROJECT:</b> * Start Date 05/01/2007 * Ending Date 04/30/2009	<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. * Applicant FL-006 b. * Project FL-006	
<b>15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b> Prefix: [ ] * First Name: Mary Middle Name: [ ] * Last Name: Hoffman Suffix: MD Position/Title: Professor * Organization Name: University of Florida Department: Molecular Genetics Division: College of Medicine * Street1: 1600 Archer Road Street2: Box 100252 * City: Gainesville County: [ ] * State: FL: Florida Province: [ ] * Country: UNITED ST * ZIP / Postal Code: 32611 * Phone Number: 352-273-4450 Fax Number: 352-273-1278 * Email: Hoffmann@hsc.ufl.edu		

<p><b>16. ESTIMATED PROJECT FUNDING</b></p> <p>a. * Total Estimated Project Funding <input type="text" value="665,894.00"/></p> <p>b. * Total Federal &amp; Non-Federal Funds <input type="text" value="665,894.00"/></p> <p>c. * Estimated Program Income <input type="text" value="0.00"/></p>	<p><b>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b></p> <p>a. YES <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:</p> <p>DATE:</p> <p>b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR  <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
--	---

**18. By signing this application, I certify (1) to the statements contained in the list of certifications\* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances\* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)**

\* I agree

\* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

**19. Authorized Representative**

Prefix:  \* First Name:  Middle Name:  \* Last Name:  Suffix:

\* Position/Title:  \* Organization:

Department:  Division:

\* Street1:  Street2:

\* City:  County:  \* State:

Province:  \* Country:  \* ZIP / Postal Code:

\* Phone Number:  Fax Number:  \* Email:

**\* Signature of Authorized Representative** **\* Date Signed**

Completed on submission to Grants.gov Completed on submission to Grants.gov

**20. Pre-application**

**21. Attach an additional list of Project Congressional Districts if needed.**

# RESEARCH & RELATED Other Project Information

1. \* Are Human Subjects Involved?  Yes  No

1.a If YES to Human Subjects

Is the IRB review Pending?  Yes  No

IRB Approval Date:

Exemption Number:  1  2  3  4  5  6

Human Subject Assurance Number:

2. \* Are Vertebrate Animals Used?  Yes  No

2.a. If YES to Vertebrate Animals

Is the IACUC review Pending?  Yes  No

IACUC Approval Date:

Animal Welfare Assurance Number

3. \* Is proprietary/privileged information included in the application?  Yes  No

4.a. \* Does this project have an actual or potential impact on the environment?  Yes  No

4.b. If yes, please explain:

4.c. If this project has an actual or potential impact on the environment, has an exemption been authorized or an environmental assessment (EA) or environmental impact statement (EIS) been performed?  Yes  No

4.d. If yes, please explain:

5.a. \* Does this project involve activities outside the U.S. or partnership with International Collaborators?  Yes  No

5.b. If yes, identify countries:

5.c. Optional Explanation:

6. \* **Project Summary/Abstract**

7. \* **Project Narrative**

8. **Bibliography & References Cited**

9. **Facilities & Other Resources**

10. **Equipment**

11. **Other Attachments**

# RESEARCH & RELATED Project/Performance Site Location(s)

## Project/Performance Site Primary Location

Organization Name: UNIVERSITY OF FLORIDA

\* Street1: 219 Grinter Hall Street2:

\* City: Gainesville County: \* State: FL: Florida

Province: \* Country: NITED S \* ZIP / Postal Code: 32611



## Project/Performance Site Location 1

Organization Name: University of Sao Paulo


\* Street1: Rua do Mar Street2:


\* City: Sao Paulo County: \* State:

Province: Sao Paulo \* Country: RA: BRAZ \* ZIP / Postal Code:



Reset Entry

Additional Location(s)  Add Attachment Delete Attachment View Attachment

Next Site 

OMB Number: 4040-0001  
Expiration Date: 04/30/2008

# RESEARCH & RELATED Senior/Key Person Profile

PROFILE - Project Director/Principal Investigator					
Prefix	* First Name	Middle Name	* Last Name	Suffix	
<input type="text"/>	Mary	<input type="text"/>	Hoffman	MD	
Position/Title: <input type="text" value="Professor"/>			Department: <input type="text" value="Molecular Genetics"/>		
Organization Name: <input type="text" value="University of Florida"/>			Division: <input type="text" value="College of Medicine"/>		
* Street1: <input type="text" value="1600 Archer Road"/>			Street2: <input type="text" value="Box 100252"/>		
* City: <input type="text" value="Gainesville"/>		County: <input type="text"/>	* State: <input type="text" value="FL: Florida"/>	Province: <input type="text"/>	
* Country: <input type="text" value="USA: UNITED"/>		* Zip / Postal Code: <input type="text" value="32611"/>			
* Phone Number		Fax Number		* E-Mail	
<input type="text" value="352-273-4450"/>		<input type="text" value="352-273-1278"/>		<input type="text" value="Hoffmanm@hsc.ufl.edu"/>	
Credential, e.g., agency login: <input type="text" value="HOFFMANM"/> (NOTE: PI'S USER NAME IN COMMONS)					
* Project Role: <input type="text" value="PD/PI"/>			Other Project Role Category: <input type="text"/>		
*Attach Biographical Sketch		<input type="text" value="grants.gov Biographical Sketch.pdf"/>		<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
Attach Current & Pending Support		<input type="text"/>		<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
				<input type="button" value="View Attachment"/>	<input type="button" value="View Attachment"/>

PROFILE - Senior/Key Person 1					
Prefix	* First Name	Middle Name	* Last Name	Suffix	
<input type="text"/>	Victor	<input type="text"/>	Amanti	PhD	
Position/Title: <input type="text" value="Professor"/>			Department: <input type="text" value="Genetics"/>		
Organization Name: <input type="text" value="University of Sao Paulo"/>			Division: <input type="text"/>		
* Street1: <input type="text" value="Rua do Mar, 245"/>			Street2: <input type="text" value="Building 4B"/>		
* City: <input type="text" value="Sao Paulo"/>		County: <input type="text"/>	* State: <input type="text"/>	Province: <input type="text"/>	
* Country: <input type="text" value="BRA: BRAZIL"/>		* Zip / Postal Code: <input type="text"/>			
* Phone Number		Fax Number		* E-Mail	
<input type="text" value="55-239-8760"/>		<input type="text"/>		<input type="text" value="AmantiV@USP.com"/>	
Credential, e.g., agency login: <input type="text"/>					
* Project Role: <input type="text" value="Faculty-"/>			Other Project Role Category: <input type="text"/>		
*Attach Biographical Sketch		<input type="text" value="grants.gov Biographical Sketch.pdf"/>		<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
Attach Current & Pending Support		<input type="text"/>		<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
				<input type="button" value="View Attachment"/>	<input type="button" value="View Attachment"/>
<input type="button" value="Reset Entry"/>			<input type="button" value="Next Person"/>		

Please note that with the Version 2 forms, there is an option to upload additional Senior/Key Person profiles if more than eight. In Version 2-A forms, there is an expanded component that allows the collection of up to 40 Senior/Key persons.

# PHS 398 Cover Page Supplement

OMB Number: 0925-0001

Expiration Date: 9/30/2007

## 1. Project Director / Principal Investigator (PD/PI)



Prefix:  \* First Name:   
Middle Name:   
\* Last Name:   
Suffix:

\* New Investigator?  No  Yes

Degrees:



## 2. Human Subjects

Clinical Trial?  No  Yes

\* Agency-Defined Phase III Clinical Trial?  No  Yes

## 3. Applicant Organization Contact



Person to be contacted on matters involving this application

Prefix:  \* First Name:   
Middle Name:   
\* Last Name:   
Suffix:

\* Phone Number:  Fax Number:

Email:



\* Title:

\* Street1:   
Street2:   
\* City:   
County:   
\* State:   
Province:   
\* Country:  \* Zip / Postal Code:



# PHS 398 Research Plan


## 1. Application Type:


From SF 424 (R&R) Cover Page and PHS398 Checklist. The responses provided on these pages, regarding the type of application being submitted, are repeated for your reference, as you attach the appropriate sections of the research plan.

\*Type of Application:


- New
  Resubmission
  Renewal
  Continuation
  Revision

## 2. Research Plan Attachments:

Please attach applicable sections of the research plan, below. 


1. Introduction to Application <small>(for RESUBMISSION or REVISION only)</small>	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
2. Specific Aims	 Specific Aims.pdf	Add Attachment	Delete Attachment	View Attachment
3. Background and Significance	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
4. Preliminary Studies / Progress Report	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
5. Research Design and Methods	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
6. Inclusion Enrollment Report	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
7. Progress Report Publication List	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment

## Human Subjects Sections

Attachments 8-11 apply only when you have answered "yes" to the question "are human subjects involved" on the R&R Other Project Information Form. In this case, attachments 8-11 may be required, and you are encouraged to consult the Application guide instructions and/or the specific Funding Opportunity Announcement to determine which sections must be submitted with this application. 

8. Protection of Human Subjects	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
9. Inclusion of Women and Minorities	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
10. Targeted/Planned Enrollment	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
11. Inclusion of Children	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment

## Other Research Plan Sections

12. Vertebrate Animals	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
13. Select Agent Research	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
14. Multiple PI Leadership Plan	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
15. Consortium/Contractual Arrangements		Add Attachment	Delete Attachment	View Attachment
16. Letters of Support	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
17. Resource Sharing Plan(s)	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment

18. Appendix 

# PHS 398 Checklist

OMB Number: 0925-0001

Expiration Date: 9/30/2007

## 1. Application Type:

From SF 424 (R&R) Cover Page. The responses provided on the R&R cover page are repeated here for your reference, as you answer the questions that are specific to the PHS398.

\* Type of Application: 

New     Resubmission     Renewal     Continuation     Revision

Federal Identifier: 

## 2. Change of Investigator / Change of Institution Questions

Change of principal investigator / program director

Name of former principal investigator / program director:

Prefix:

\* First Name:

Middle Name:

\* Last Name:

Suffix:

Change of Grantee Institution

\* Name of former institution:

## 3. Inventions and Patents (For renewal applications only)

\* Inventions and Patents:    Yes     No

If the answer is "Yes" then please answer the following:

\* Previously Reported:    Yes     No

**4. \* Program Income**

Is program income anticipated during the periods for which the grant support is requested?

Yes  No

If you checked "yes" above (indicating that program income is anticipated), then use the format below to reflect the amount and source(s). Otherwise, leave this section blank.

*Budget Period	*Anticipated Amount (\$)	*Source(s)
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

**5. Assurances/Certifications (see instructions)**

In agreeing to the assurances/certification section 18 on the SF424 (R&R) form, the authorized organizational representative agrees to comply with the policies, assurances and/or certifications listed in the agency's application guide, when applicable. Descriptions of individual assurances/certifications are provided at: <http://grants.nih.gov/grants/funding/424>

If unable to certify compliance, where applicable, provide an explanation and attach below.

Explanation:

# PHS 398 Cover Letter

OMB Number: 0925-0001

Expiration Date: 9/30/2007

\*Mandatory Cover Letter Filename:



Add Cover Letter File

Delete Cover Letter File

View Cover Letter File

# PHS 398 Modular Budget, Periods 1 and 2

Use the Modular Budget format for requests up to \$250,000 per year in Direct Costs.

OMB Number: 0925-0001

Expiration Date: 9/30/2007

## Budget Period: 1

Start Date:

End Date:

### A. Direct Costs

	* Funds Requested (\$)
* Direct Cost less Consortium F&A	125,000.00
Consortium F&A	12,121.00
* Total Direct Costs	137,121.00

### B. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input type="text" value="MTDC"/>	46.5	106,027.00	49,303.00
2.	<input type="text"/>			
3.	<input type="text"/>			
4.	<input type="text"/>			

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

Indirect Cost Rate Agreement Date

Total Indirect Costs

### C. Total Direct and Indirect Costs (A + B)

Funds Requested (\$)

## Budget Period: 2

Start Date:

End Date:

### A. Direct Costs

	* Funds Requested (\$)
* Direct Cost less Consortium F&A	125,000.00
Consortium F&A	12,121.00
* Total Direct Costs	137,121.00

### B. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input type="text" value="MTDC"/>	46.5	80,113.00	37,253.00
2.	<input type="text"/>			
3.	<input type="text"/>			
4.	<input type="text"/>			

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

Indirect Cost Rate Agreement Date

Total Indirect Costs

### C. Total Direct and Indirect Costs (A + B)

Funds Requested (\$)

# PHS 398 Modular Budget, Periods 3 and 4

OMB Number: 0925-0001

Expiration Date: 9/30/2007

<b>Budget Period: 3</b>		
<input type="button" value="Reset Entries"/>	Start Date: <input style="width: 100px;" type="text"/>	End Date: <input style="width: 100px;" type="text"/>

<b>A. Direct Costs</b>		* Funds Requested (\$)
* Direct Cost less Consortium F&A	<input style="width: 100%;" type="text"/>	
Consortium F&A	<input style="width: 100%;" type="text"/>	
* Total Direct Costs	<input style="width: 100%;" type="text"/>	

<b>B. Indirect Costs</b>				
	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input style="width: 95%;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
2.	<input style="width: 95%;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
3.	<input style="width: 95%;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
4.	<input style="width: 95%;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Cognizant Agency (Agency Name, POC Name and Phone Number)		<input style="width: 95%;" type="text"/>		
Indirect Cost Rate Agreement Date	<input style="width: 100px;" type="text"/>	Total Indirect Costs		<input style="width: 100px;" type="text"/>

<b>C. Total Direct and Indirect Costs (A + B)</b>	Funds Requested (\$)	<input style="width: 100%;" type="text"/>
---	----------------------	---

<b>Budget Period: 4</b>		
<input type="button" value="Reset Entries"/>	Start Date: <input style="width: 100px;" type="text"/>	End Date: <input style="width: 100px;" type="text"/>

<b>A. Direct Costs</b>		* Funds Requested (\$)
* Direct Cost less Consortium F&A	<input style="width: 100%;" type="text"/>	
Consortium F&A	<input style="width: 100%;" type="text"/>	
* Total Direct Costs	<input style="width: 100%;" type="text"/>	

<b>B. Indirect Costs</b>				
	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input style="width: 95%;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
2.	<input style="width: 95%;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
3.	<input style="width: 95%;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
4.	<input style="width: 95%;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 100px;" type="text"/>
Cognizant Agency (Agency Name, POC Name and Phone Number)		<input style="width: 95%;" type="text"/>		
Indirect Cost Rate Agreement Date	<input style="width: 100px;" type="text"/>	Total Indirect Costs		<input style="width: 100px;" type="text"/>

<b>C. Total Direct and Indirect Costs (A + B)</b>	Funds Requested (\$)	<input style="width: 100%;" type="text"/>
---	----------------------	---

# PHS 398 Modular Budget, Period 5 and Cumulative

OMB Number: 0925-0001

Expiration Date: 9/30/2007

**Budget Period: 5**

Start Date:

End Date:

**A. Direct Costs**

\* Funds Requested (\$)

\* Direct Cost less Consortium F&A

Consortium F&A

\* Total Direct Costs

**B. Indirect Costs**

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Indirect Cost Rate Agreement Date

Total Indirect Costs

**C. Total Direct and Indirect Costs (A + B)**

Funds Requested (\$)

**Cumulative Budget Information**

**1. Total Costs, Entire Project Period**



* Section A, Total Direct Cost less Consortium F&A for Entire Project Period	\$	<input type="text" value="250,000.00"/>
Section A, Total Consortium F&A for Entire Project Period	\$	<input type="text" value="24,242.00"/>
* Section A, Total Direct Costs for Entire Project Period	\$	<input type="text" value="274,242.00"/>
* Section B, Total Indirect Costs for Entire Project Period	\$	<input type="text" value="86,556.00"/>
* Section C, Total Direct and Indirect Costs (A+B) for Entire Project Period	\$	<input type="text" value="360,798.00"/>

**2. Budget Justifications**



Personnel Justification	<input type="text" value="Personnel Justification.pdf"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
Consortium Justification	<input type="text" value="Consortium Justification.pdf"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
Additional Narrative Justification	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>



**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



*(If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the form.)*

**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.		Mary		Hoffman	MD	PD/PI	155,000.00	3.00			38,750.00	9,580.00	48,330.00
2.	Dr.	Scott		Emerald		Chemist	146,000.00		3.00	2.00	81,111.00	19,137.00	100,248.00
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" value="1"/>	Post Doctoral Associates	8.00			52,000.00	10,277.00	62,277.00
<input type="text" value="1"/>	Graduate Students		9.00		28,000.00	774.00	28,774.00
<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"/>	<b>Total Number Other Personnel</b>						
						<b>Total Other Personnel</b>	<input type="text" value="91,051.00"/>
					<b>Total Salary, Wages and Fringe Benefits (A+B)</b>		<input type="text" value="239,629.00"/>

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

\* ORGANIZATIONAL DUNS:

\* Budget Type:  Project  Subaward/Consortium

Enter name of Organization:

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

*(If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the*

**C. Equipment Description**

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

	Equipment item	* Funds Requested (\$)
1.	<input type="text" value="Compressor"/>	<input type="text" value="12,000.00"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>
11.	<b>Total funds requested for all equipment listed in the attached file</b>	<input type="text"/>
	<b>Total Equipment</b>	<input type="text" value="12,000.00"/>

Additional Equipment:

**D. Travel**

	Funds Requested (\$)
1. Domestic Travel Costs ( Incl. Canada, Mexico and U.S. Possessions)	<input type="text" value="3,000.00"/>
2. Foreign Travel Costs	<input type="text"/>
<b>Total Travel Cost</b>	<input type="text" value="3,000.00"/>



**E. Participant/Trainee Support Costs**

	Funds Requested (\$)
1. Tuition/Fees/Health Insurance	<input type="text"/>
2. Stipends	<input type="text"/>
3. Travel	<input type="text"/>
4. Subsistence	<input type="text"/>
5. Other <input type="text"/>	<input type="text"/>
<input type="text"/> <b>Number of Participants/Trainees</b> <b>Total Participant/Trainee Support Costs</b>	<input type="text"/>

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

  
Next Period

\* ORGANIZATIONAL DUNS:

\* Budget Type:  Project  Subaward/Consortium

Enter name of Organization:

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

*(If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the*

F. Other Direct Costs	Funds Requested (\$)
1. Materials and Supplies	<input type="text" value="5,000.00"/>
2. Publication Costs	<input type="text"/>
3. Consultant Services	<input type="text"/>
4. ADP/Computer Services	<input type="text"/>
5. Subawards/Consortium/Contractual Costs	<input type="text" value="50,000.00"/>
6. Equipment or Facility Rental/User Fees	<input type="text"/>
7. Alterations and Renovations	<input type="text"/>
8. Tuition	<input type="text" value="7,008.00"/>
9. <input type="text"/>	<input type="text"/>
10. <input type="text"/>	<input type="text"/>
<b>Total Other Direct Costs</b>	<input type="text" value="62,008.00"/>

<b>G. Direct Costs</b>	<b>Funds Requested (\$)</b>
<b>Total Direct Costs (A thru F)</b>	<input type="text" value="316,637.00"/>

H. Indirect Costs	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
Indirect Cost Type			
1. MTDC	<input type="text" value="46.5"/>	<input type="text" value="272,629.00"/>	<input type="text" value="126,772.00"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total Indirect Costs</b>			<input type="text" value="126,772.00"/>

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

<b>I. Total Direct and Indirect Costs</b>	<b>Funds Requested (\$)</b>
<b>Total Direct and Indirect Institutional Costs (G + H)</b>	<input type="text" value="443,409.00"/>

<b>J. Fee</b>	<b>Funds Requested (\$)</b>
	<input type="text"/>

**K. \* Budget Justification**      
(Only attach one file.)

**RESEARCH & RELATED BUDGET - Cumulative Budget**



		Totals (\$)
<b>Section A, Senior/Key Person</b>		<b>198,458.00</b>
<b>Section B, Other Personnel</b>		<b>155,408.00</b>
Total Number Other Personnel	3	
<b>Total Salary, Wages and Fringe Benefits (A+B)</b>		<b>353,866.00</b>
<b>Section C, Equipment</b>		<b>12,000.00</b>
<b>Section D, Travel</b>		<b>4,500.00</b>
1. Domestic	3,000.00	
2. Foreign	1,500.00	
<b>Section E, Participant/Trainee Support Costs</b>		
1. Tuition/Fees/Health Insurance		
2. Stipends		
3. Travel		
4. Subsistence		
5. Other		
6. Number of Participants/Trainees		
<b>Section F, Other Direct Costs</b>		<b>114,008.00</b>
1. Materials and Supplies	7,000.00	
2. Publication Costs		
3. Consultant Services		
4. ADP/Computer Services		
5. Subawards/Consortium/Contractual Costs	100,000.00	
6. Equipment or Facility Rental/User Fees		
7. Alterations and Renovations		
8. Other 1	7,008.00	
9. Other 2		
10. Other 3		
<b>Section G, Direct Costs (A thru F)</b>		<b>484,374.00</b>
<b>Section H, Indirect Costs</b>		<b>181,520.00</b>
<b>Section I, Total Direct and Indirect Costs (G + H)</b>		<b>665,894.00</b>
<b>Section J, Fee</b>		

# R&R SUBAWARD BUDGET ATTACHMENT(S) FORM

Instructions: On this form, you will attach the R&R Subaward Budget files for your grant application. Complete the subawardee budget(s) in accordance with the R&R budget instructions. Please remember that any files you attach must be a Pure Edge document.



Click here to extract the R&R Subaward Budget Attachment

Important: Please attach your subawardee budget file(s) with the file name of the subawardee organization. Each file name must be unique.

1) Please attach Attachment 1	RR_Budget-V1.1.xfd	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2		Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3		Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4		Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5		Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6		Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7		Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8		Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9		Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10		Add Attachment	Delete Attachment	View Attachment

OMB Number: 4040-0001  
Expiration Date: 04/30/2008