

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 (\$)

Additional Equipment:

Add Attachment

Delete Attachment

View Attachment

Total funds requested for all equipment listed in the attached file

0.00

Total Equipment

0.00

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

\$250,000.00

9.

10.

11.

12.

13.

14.

15.

16.

17.

Total Other Direct Costs

250,000.00

G. Direct Costs**Funds Requested (\$)****Total Direct Costs (A thru F)**

250,000.00

H. Indirect Costs**Indirect Cost Type****Indirect Cost Rate (%)****Indirect Cost Base (\$)****Funds Requested (\$)**

MTDC

55

250,000.00

137,500.00

Total Indirect Costs

137,500.00

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)**

387,500.00

J. Fee**Funds Requested (\$)**

0.00

K. Total Costs and Fee**Funds Requested (\$)****Total Costs and Fee (I + J)**

387,500.00

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.