

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

F. Other Direct Costs

		Funds Requested (\$)
1.	Materials and Supplies	2
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	\$239,000.00
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
Total Other Direct Costs		\$239,000.00

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	239,000.00	\$131,450.00
Total Indirect Costs			\$131,450.00

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)	\$381,450.00

J. Fee

Funds Requested (\$)
0.00

K. Total Costs and Fee

	Funds Requested (\$)
Total Costs and Fee (I + J)	\$381,450.00

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.