APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED		Applicant Identifier			
		3. DATE REC	3. DATE RECEIVED BY STATE		State /	Application Identifier	
1. * TYPE OF SUBMISSION		4. Federal Ide	ontifior				
Pre-applicat	tion 🗹 Application nged/Corrected Application						
5. APPLICANT	INFORMATION		* Organizatio	onal DU	NS: 60	03007902	
* Legal Name:	Indiana University						
Department:	Sponsored Research Services	Division:					
* Street1:	620 Union Drive, Room 618	Street2:					
* City: Indiana	polis Co	unty: Marion		*	State:	IN: Indiana	
Province:		* Country: JNIT	ED ST * ZIP / Postal Code	e: 4620	2-5167		
Person to be co	ontacted on matters involving this applic	ation					
Prefix: * F	irst Name:	Middle Name:		* Last	Name:	Suffix:	
Mrs. Jea	an			Merce	r		
* Phone Numbe	er: 317-278-3473 F	ax Number: 31	7-274-8744	Er	nail: sp	on2@iupui.edu	
6. * EMPLOYER	R IDENTIFICATION (EIN) or (TIN):		7. * TYPE OF APPLICA	NT:			
1-356001673-A1	1		H: Public/S	State Co	ontrolled	Institution of Higher Education	
8. * TYPE OF A	APPLICATION: 🗸 New 😑		Other (Specify):				
Resubmissic	on Renewal Continuation	Revision	Small Business Organization Type Women Owned Socially and Economically Disadvantaged				
If Revision, mar	k appropriate box(es).		9. * NAME OF FEDERAL AGENCY:				
A. Increase A	ward 🔲 B. Decrease Award 🔲 C. In	crease Duration	National Institutes of Hea	alth			
D. Decrease	Duration E. Other (specify):		10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:				
* Is this application being submitted to other agencies? Yes No							
What other Agencies?			TITLE:				
11. * DESCRIP	TIVE TITLE OF APPLICANT'S PROJE	CT:					
Title of Grant Pr	oposal						
12. * AREAS AI	FFECTED BY PROJECT (cities, counti	es, states, etc.)					
13. PROPOSED			14. CONGRESSIONAL				
* Start Date	* Ending Date		a. * Applicant			b. * Project	
07/01/2008	06/30/2013		IN-007			IN-007	
15. PROJECT [DIRECTOR/PRINCIPAL INVESTIGATO	R CONTACT INF	ORMATION				
	First Name:	Middle Name:		* Last PILast		Suffix:	
Position/Title:	e.g. Asst. Professor	* Organizati	on Name: Indiana University		Name		
		Division:		Sity			
Department: * Street1:	e.g. Biochemistry PIStreet	Street2:					
* City: Indiana		unty: Marion			* State:	IN: Indiana	
Province:		* Country: JNIT	ED ST * ZIP / Postal C		PIZip		
* Phone Numbe	er: PIPhone F	ax Number: PIF		L		l@email	
						OMB Number: 4040-00 Expiration Date: 04/30/20	

SF 424 (R&R) APPLI	ISTANCE				Page 2		
16. ESTIMATED PROJECT FUNDING			17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?			ECUTIVE	
a. * Total Estimated Project Funding 1,887,500.00		a. YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: b. NO ✓ PROGRAM IS NOT COVERED BY E.O. 12372; OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			12372 R		
18.By signing this application, I cert true, complete and accurate to th resulting terms if I accept an awa criminal, civil, or administrative ✓ * I agree	he best of my kr ard. I am aware f	nowledge. I also that any false, f	o provide the requinction in the require termination of the second second second second second second second se	uired assura	ances *`ar	nd agree to comply wi	ith any
* The list of certifications and assurances,	or an Internet site w	/here you may obtai	in this list, is contained	l in the announ	cement or ag	gency specific instructions.	
19. Authorized Representative Prefix: * First Name:		Middle Name:		* Las	t Name:		Suffix:
Mr. John		W.		Talbo			
* Position/Title: Interim Asst. V.P. for	Research Admin.	* Organizati	on: Indiana Unive	rsity			
Department: Sponsored Research	Services	Division:					
* Street1: 620 Union Drive, Roon	n 618	Street2:					
* City: Indianapolis	Cou	unty: Marion			* State:	IN: Indiana	
Province:	*	Country: JNIT	ED ST * ZIP / F	ostal Code:	46202-51	167	
* Phone Number: 317-278-3473	Fax	Number: 317-	274-8744	* E	Email: sp	oon2@iupui.edu	
* Signature of Author Completed on submit	•			Complet		e Signed mission to Grants.gov	
20. Pre-application				Add Atta	achment	Delete Attachment	View Attachment
21. Attach an additional list of Proje	ect Congression	al Districts if no	eeded.				
	Add Attack	hment Delete	Attachment View	Attachment			

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PF	ROFILE - Project Director/F	Principal Investigator	
Prefix * First Name	Middle Name	* Last Name	Suffix
PIFirstName		PILastName	
Position/Title: e.g. Asst. Professor		Department: e.g. Biochemistry	
Organization Name: Indiana University		Division:	
* Street1: PIStreet		Street2:	
* City: Indianapolis County: Ma	arion * S	State: N: Indian; Province:	
* Country: UNITED ST/ * Zip / Postal Code:	PIZip		
* Phone Number	Fax Nur	mber * E-Mail	
PIPhone	PIFax	PI@email	
Credential, e.g., agency login: for NIH enter PI	NIH Commons user name her	re	
* Project Role: PD/PI	Other Projec	ct Role Category:	
*Attach Biographical Sketch		Add Attachment Delete Attachment	View Attachment
		Add Attachment Delete Attachment	View Attachment
Attach Current & Pending Support			view Attachment
	PROFILE - Senior/	Key Person 1	
Prefix * First Name	Middle Name	* Last Name	
			Suffix
ColnvestigatorFirstName		ConInvestigatorLastName	Suffix
ColnvestigatorFirstName Position/Title: e.g. Asst. Professor			Suffix
		ConInvestigatorLastName	Suffix
Position/Title: e.g. Asst. Professor		ConInvestigatorLastName Department: e.g. Microbiolgoy	Suffix
Position/Title: e.g. Asst. Professor Organization Name: Indiana University		ConInvestigatorLastName Department: e.g. Microbiolgoy Division:	Suffix
Position/Title: e.g. Asst. Professor Organization Name: Indiana University * Street1: ColAddress		ConInvestigatorLastName Department: e.g. Microbiolgoy Division:	Suffix
Position/Title: e.g. Asst. Professor Organization Name: Indiana University * Street1: ColAddress * City: Indianapolis County:		ConInvestigatorLastName Department: e.g. Microbiolgoy Division:	Suffix
Position/Title: e.g. Asst. Professor Organization Name: Indiana University * Street1: ColAddress * City: Indianapolis Country: County: * Country: UNITED ST/] 	ConInvestigatorLastName Department: e.g. Microbiolgoy Division:	Suffix
Position/Title: e.g. Asst. Professor Organization Name: Indiana University * Street1: ColAddress * City: Indianapolis County: * Country: UNITED ST/ * Zip / Postal Code: 46 * Phone Number]	ConInvestigatorLastName Department: e.g. Microbiolgoy Division: Street2: State: N: Indian: Province: mber * E-Mail Col@email	Suffix
Position/Title: e.g. Asst. Professor Organization Name: Indiana University * Street1: ColAddress * City: Indianapolis County: * Country: UNITED ST/ * Zip / Postal Code: 40 * Phone Number ColPhone	G202 Fax Nur ColFax Ser name (optional, unless ro	ConInvestigatorLastName Department: e.g. Microbiolgoy Division: Street2: State: N: Indian: Province: mber * E-Mail Col@email	Suffix
Position/Title: e.g. Asst. Professor Organization Name: Indiana University * Street1: ColAddress * City: Indianapolis County: * Country: UNITED ST/ * Zip / Postal Code: 44 * Phone Number ColPhone Credential, e.g., agency login: NIH commons us	G202 Fax Nur ColFax Ser name (optional, unless ro	ConInvestigatorLastName Department: e.g. Microbiolgoy Division: Street2: State: N: Indian; Province: mber * E-Mail Col@email le is PI-PD)	Suffix
Position/Title: e.g. Asst. Professor Organization Name: Indiana University * Street1: ColAddress * City: Indianapolis Country: UNITED ST/ * Phone Number ColPhone Credential, e.g., agency login: NIH commons us * Project Role: Other (Specify)	G202 Fax Nur ColFax Ser name (optional, unless ro	ConInvestigatorLastName Department: e.g. Microbiolgoy Division: Street2: State: N: Indian: Province: mber * E-Mail Col@email le is PI-PD) ct Role Category: Other Significant Contributor	
Position/Title: e.g. Asst. Professor Organization Name: Indiana University * Street1: ColAddress * City: Indianapolis County: * Country: UNITED ST/ * Zip / Postal Code: * Phone Number ColPhone Credential, e.g., agency login: NIH commons us * Project Role: Other (Specify) *Attach Biographical Sketch	G202 Fax Nur ColFax Ser name (optional, unless ro	ConInvestigatorLastName Department: e.g. Microbiolgoy Division:	View Attachment

RESEARCH & RELATED Other Project Information				
1. * Are Human Subjects Involved? 🗹 Yes 🗌 No				
1.a If YES to Human Subjects				
Is the IRB review Pending? Ves 🗸 No				
IRB Approval Date:				
Exemption Number: 1 2 3 4 5 6				
Human Subject Assurance Number: 00003544				
2. * Are Vertebrate Animals Used? 🗸 Yes 🗌 No				
2.a. If YES to Vertebrate Animals				
Is the IACUC review Pending? Ves V No				
IACUC Approval Date:				
Animal Welfare Assurance Number A4091-01				
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? Ves V 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?				
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 Add Attachment Delete Attachment View Attachment				
7. * Project Narrative Add Attachment Delete Attachment View Attachment				
8. Bibliography & References Cited Delete Attachment View Attachment View Attachment				
9. Facilities & Other Resources Add Attachment Delete Attachment View Attachment				
Add Attachment Delete Attachment View Attachment				
11. Other Attachments Add Attachments Delete Attachments View Attachments				

OMB Number: 4040-0001

Expiration Date: 04/30/2008

RESEARCH & RELATED Project/Performance Site Location(s)

Project/Performance Site Primary Location			
Organization Name: The Trustees of Indiana Univ	ersity		
* Street1: Address where work will be done		Street2:	
* City: Indianapolis	County: Marion	* State: N: Indiana	
Province:	* Country: NITED S * ZIP	/ Postal Code: 46202	
Project/Performance Site Location 1)		
Organization Name:	c		
* Street1:		Street2:	
* City:	County:	* State:	
Province:	* Country: NITED S * ZIP	/ Postal Code:	
Reset Entry			Next Site
Additional Location(s)	Add Attac	hment Delete Attachment View Attachment	
			OMB Number: 4040-0001
		Ex	piration Date: 04/30/2008

	PHS 398 Cover Page Supplement	
		OMB Number: 0925-0001 Expiration Date: 9/30/2007
1. Projec	Director / Principal Investigator (PD/PI)	
Prefix: Middle Nai * Last Name Suffix:		
* New Inve Degrees:	tigator? No Yes	
Clinical Tri	Subjects IP No Yes efined Phase III Clinical Trial?	
	ant Organization Contact	
Prefix:	Mrs. * First Name: Jean	
Middle Na		
* Last Name	Mercer	
Suffix:		
* Phone Nur	ber: 317-278-3473 Fax Number: 317-274-8744	
Email: spo	n2@iupui.edu	
* Street1: Street2: * City: County: * State: Province:	rim Director of Proposal Services 620 Union Drive, Room 618 Sponsored Research Services Indianapolis Marion IN: Indiana	
* Country:	JNITED ST * Zip / Postal Code: 46202-5167	

PHS 398 Cover Page Supplement

OMB Number: 0925-0001 Expiration Date: 9/30/2007

	-
4. Human Embryonic Stem Cells	
* Does the proposed project involve human embryonic stem cells?	
If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list: http://stemcells.nih.gov/registry/index.asp . Or, if a specific stem cell line cannot be referenced at this time, please check the box indicating that one from the registry will be used:	
Cell Line(s): Specific stem cell line cannot be referenced at this time. One from the registry will be used.	

OMB Number: 0925-0001
Expiration Date: 9/30/2007

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:

2. Research Plan Attachments:

Please attach applicable sections of the research plan, below.

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

9. Inclusion of Women and Minorities

10. Targeted/Planned Enrollment

11. Inclusion of Children

Other Research Plan Sections 12. Vertebrate Animals Add Attachment **Delete Attachment** View Attachment 13. Select Agent Research Add Attachment Delete Attachment View Attachment 14. Multiple PI Leadership Plan Add Attachment View Attachment Add Attachment 15. Consortium/Contractual Arrangements **Delete Attachment View Attachment** Add Attachment 16. Letters of Support **Delete Attachment** View Attachment 17. Resource Sharing Plan(s) Add Attachment **Delete Attachment** View Attachment

18. Appendix

Add Attachments

Remove Attachments

Add Attachment

Add Attachment

Add Attachment

Add Attachment

Delete Attachment

Delete Attachment

Delete Attachment

Delete Attachment

View Attachment

View Attachment

View Attachment

View Attachment

View Attachments

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 repeate the questions that are specific to the PHS398.	d here for your reference, as you answer
* Type of Application:	
✓ New	
Federal Identifier:	7
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	

OMB Number. 0925-0001 Expiration Date: 9/30/2007

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)
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: Add Attachment Delete Attachment View Attachment

I

	PH	S 398 Cover Lette	er	
				OMB Number: 0925-000 Expiration Date: 9/30/200
*Mandatory Cover Letter Filename:				
A	dd Cover Letter File	Delete Cover Letter File	View Cover Letter File	



 \overline{r}

OMB Number: 0925-0001

Expiration Date: 9/30/2007

Budget Period: 1			
Reset EntriesStart Date:07/01/2008End Date:	06/30/2009		
A. Direct Costs		_	* Funds Requested (\$)
* D	irect Cost le	ect Cost less Consortium F&A 250,000	
		Consortium F&A * Total Direct Costs	250,000.00
B. Indirect Costs			200,000100
Indirect Cost Type	Indirect Co Rate (%)	ost Indirect Cost Base (\$)	* Funds Requested (\$)
1. MTDC	51.0	250,000.00	127,500.00
2.			
3.			
4.			
Cognizant Agency (Agency Name, POC Name and Phone Number) DHHS, Narendra B. Gand	 dhi		
214-767-3230			
Indirect Cost Rate Agreement Date 05/14/2004		Total Indirect Costs	127,500.00
C. Total Direct and Indirect Costs (A + B)		Funds Requested (\$)	377,500.00
Budget Period: 2			
Reset Entries Start Date: 07/01/2009 End Date:	06/30/201	0	
A. Direct Costs	irect Cost le	ess Consortium F&A	* Funds Requested (\$) 250,000.00
		Consortium F&A	
		* Total Direct Costs	250,000.00
B. Indirect Costs	In dias at Ca	et Indianat Cont	
	Indirect Co Rate (%)	st Indirect Cost Base (\$)	* Funds Requested (\$)
1. MTDC	51	250,000.00	127,500.00
2.			
3.			
4.			
Cognizant Agency (Agency Name, POC Name and Phone Number) DHHS, Narendra B. Gand	dhi		
214-767-3230			
Indirect Cost Rate Agreement Date 05/14/2004		Total Indirect Costs	s <u>127,500.00</u>
C. Total Direct and Indirect Costs (A + B)		Funds Requested (\$)	377,500.00

PHS 398 Modular Budget, Pe	eriods 3 and 4
	OMB Number: 0925-000
	Expiration Date: 9/30/200
Budget Period: 3	
Reset Entries Start Date: 07/01/2010 End Date	ate: 06/30/2011
A. Direct Costs	* Funds Requested (\$)
	* Direct Cost less Consortium F&A 250,000.00
	Consortium F&A
	* Total Direct Costs 250,000.00
B. Indirect Costs	
Indirect Cost Type	Indirect Cost Indirect Cost Rate (%) Base (\$) * Funds Requested (\$)
1. MTDC	51 250,000.00 127,500.00
2.	
3.	
4.	
Cognizant Agency (Agency Name, POC Name and Phone Number) DHHS, Narendra B.	 Gandhi
214-767-3230	
	Tetel le l'eret Quele (107,500,00
Indirect Cost Rate Agreement Date 05/14/2004	Total Indirect Costs 127,500.00
C. Total Direct and Indirect Costs (A + B)	Funds Requested (\$) 377,500.00
Budget Period: 4	
Reset Entries Start Date: 07/01/2011 End E	Date: 06/30/2012
A. Direct Costs	* Funds Requested (\$)
	* Direct Cost less Consortium F&A 250,000.00
	Consortium F&A
	* Total Direct Costs 250,000.00
B. Indirect Costs	Indirect Cost Indirect Cost
Indirect Cost Type	Rate (%)Base (\$)* Funds Requested (\$)
1. MTDC	51 250,000.00 127,500.00
2.	
3.	
4.	
Cognizant Agency (Agency Name, POC Name and Phone Number) DHHS, Narendra B.	Gandhi
214-767-3230	
	Tel: La Parto Conte do Tana do
Indirect Cost Rate Agreement Date 05/14/2004	Total Indirect Costs 127,500.00
C. Total Direct and Indirect Costs (A + B)	Funds Requested (\$) 377,500.00

PHS 398 Modular Budget, Period 5	and Cum	ulative	
			OMB Number: 0925-0001
			Expiration Date: 9/30/2007
Budget Period: 5 Reset Entries Start Date: 07/01/2012 End Da	ate: 06/30/2013		
Reset Entries Start Date. 07/01/2012 End Da	ale. 00/30/2013		
A. Direct Costs	* Direct Cost loss	s Consortium F&A	* Funds Requested (\$) 250,000.00
	Direct Oost ies.	Consortium F&A	200,000.00
	*	Total Direct Costs	250,000.00
B. Indirect Costs			
Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1. MTDC	51.0	250,000.0	
2.			
3.			
4.			
Cognizant Agency (Agency Name, POC Name and Phone Number) DHHS, Narendra B. G 214-767-3230	andhi		
Indirect Cost Rate Agreement Date 05/14/2004		Total Indirect Costs	s 127,500.00
C. Total Direct and Indirect Costs (A + B)		Funds Requested (\$	i) 377,500.00
Cumulative Budget Information			
1. Total Costs, Entire Project Period			
* Section A, Total Direct Cost less Consortium F&A for Entire Project Period	\$	1,250,000.00	
Section A, Total Consortium F&A for Entire Project Period	\$]
* Section A, Total Direct Costs for Entire Project Period	\$	1,250,000.00	
* Section B, Total Indirect Costs for Entire Project Period	\$	637,500.00]
* Section C, Total Direct and Indirect Costs (A+B) for Entire Project Period	\$	1,887,500.00	
2. Budget Justifications			
Personnel Justification	Add Attachment	Delete Attachme	ent View Attachment
Consortium Justification	Add Attachment	Delete Attachme	ent View Attachment
Additional Narrative Justification	Add Attachment	Delete Attachme	View Attachment

*	ORGANIZATIONA		2007002000	<u> </u>	_								
	Budget Type:			award/Consortium									
E	nter name of Org		ndiana Unive										
I	Reset Entries	* Start Date	e: 07/01/200	08 * End Date: 06/30/	2009 Buc	lget Period: 1							
			d, please na	vigate to previous year to	o enable the	submission of the form.)							
A. 9	Senior/Key Perso	n						Cal.	Acad.	Sum.	* Requested	* Fringe	
Pr	efix * First	Name Mic	ddle Name	* Last Name	Suffix	* Project Role	Base Salary (\$)	Months	Months	Months	Salary (\$)	Benefits (\$)	* Funds Re
1.	PIFirstNam	e		PILastName		PD/PI	100,000.00	6.00			50,000.00	16,665.00	66,665.00
2.													
3.													
4.													
5.													
6.													
7.													
8.													
9. To	tal Funds reques	ted for all Sei	nior Key Pe	ersons in the attached f	ile								
	•												
	·										Total Se	enior/Key Person	66,665.00
ļ	Additional Senior	Key Persons	5:			Add Attachment	Delete Attachme	nt Vi	ew Attach	ment	Total Se	enior/Key Person	66,665.00
ļ		Key Persons	:			Add Attachment	Delete Attachme	nt Vi	ew Attach	ment	Total Se	enior/Key Person	66,665.00
			:			Add Attachment	Delete Attachme	nt Vi	ew Attach	ment	Total Se	enior/Key Person	66,665.00
	Additional Senior 8. Other Personne * Number of					Add Attachment	Delete Attachme	Cal.	Acad.	Sum.	* Requested	* Fringe	
	Additional Senior 8. Other Personne		:	*	Project Ro		Delete Attachme	Cal.		Sum.	* Requested	-	66,665.00 * Funds Re
	Additional Senior 8. Other Personne * Number of	21	s:		Project Ro		Delete Attachme	Cal.	Acad.	Sum. Months	* Requested	* Fringe	
	Additional Senior 8. Other Personne * Number of Personnel	21	oral Associate		Project Ro		Delete Attachme	Cal. Months	Acad.	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Re
	Additional Senior 8. Other Personne * Number of Personnel	Post Docto Graduate S	oral Associate	es 💭	Project Ro		Delete Attachme	Cal. Months	Acad.	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Re
	Additional Senior 8. Other Personne * Number of Personnel	Post Docto Graduate S	oral Associate Students uate Students	es 💭	Project Ro		Delete Attachme	Cal. Months	Acad.	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Re
	Additional Senior 8. Other Personne * Number of Personnel	Post Docto Graduate S Undergradu	oral Associate Students uate Students	es 💭	Project Ro		Delete Attachme	Cal. Months	Acad.	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Re
	Additional Senior 8. Other Personne * Number of Personnel	Post Docto Graduate S Undergradu	oral Associate Students uate Students	es 💭	Project Ro		Delete Attachme	Cal. Months	Acad.	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Re
	Additional Senior 8. Other Personne * Number of Personnel	Post Docto Graduate S Undergradu	oral Associate Students uate Students	es 💭	Project Ro		Delete Attachme	Cal. Months	Acad.	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Re
	Additional Senior 8. Other Personne * Number of Personnel	Post Docto Graduate S Undergradu	oral Associate Students uate Students	es 💭	Project Ro		Delete Attachme	Cal. Months	Acad.	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Re

Total Other Personnel 106,664.00

Benefits (\$) * Funds Requested (\$)

Total Salary, Wages and Fringe Benefits (A+B) 173,329.00

OMB Number: 4040-0001

* Funds Requested (\$)

106,664.00

 \square

Total Number Other Personnel

2

Expiration Date: 04/30/2008

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

* ORGANIZATIONAL DU	INS: 6030079020000
* Budget Type: 🗸 P	oject Subaward/Consortium
Enter name of Organiz	ation: Indiana University
Reset Entries *	Start Date: 07/01/2008 * End Date: 06/30/2009 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

* Funds Requested (\$)

Funds Requested (\$)

	Equipment item		Fullus	Requested (\$)	
1.	machine		25,000.	00	
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.	Total funds requested for all equipment listed in the attached file				
	Total	Equipment	25,000.	00	
Ad	ditional Equipment:	Add Attach	iment	Delete Attachment	View Attachment
D. Т	ravel		Funds F	Requested (\$)	
1.	Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)		2,000.0	0	
2.	Foreign Travel Costs				
	Tota	I Travel Cost	2,000.0	0	

E. Participant/Trainee Support Costs

1.	Tuition/Fees/Health Insurance	
2.	Stipends	
3.	Travel	
4.	Subsistence	
5.	Other	
	Number of Participants/Trainees Total Participant/Trainee Support Costs	

RESEARCH & RELATED Budget {C-E} (Funds Requested)

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

N.I.	d-		 1	
IN	ext	Γ		a

* ORGANIZATIONAL DUNS: 6030079020000	
* Budget Type: V Project Subaward/Consortium	
Enter name of Organization: Indiana University	
Reset Entries * Start Date: 07/01/2008 * End Date: 06/30/2009 Budget Period	: 1
f 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	75,000.00
2. Publication Costs	5,000.00
3. Consultant Services	2,000.00
4. ADP/Computer Services	
5. Subawards/Consortium/Contractual Costs	30,000.00
6. Equipment or Facility Rental/User Fees	
7. Alterations and Renovations	
8.	
9.	
10.	
Total Other Direct Costs	112,000.00
G. Direct Costs	Funds Requested (\$)
	Fullus Requested (a)
H. Indirect Costs (A thru F)	
H. Indirect Costs (A thru F)	312,329.00
H. Indirect Costs Indirect Cost Type Indirect Cost Type Indirect Cost Base (\$)	312,329.00 * Funds Requested (\$)
H. Indirect Costs Indirect Cost Indirect Cost Indirect Costs Indirect Cost Base (\$) 1. MTDC 51.0 283,329.00	312,329.00 * Funds Requested (\$)
H. Indirect Costs Indirect Cost Indirect Cost Indirect Costs Indirect Cost Base (\$) 1. MTDC 51.0 283,329.00 2.	312,329.00 * Funds Requested (\$)
H. Indirect Costs Indirect Cost Indirect Cost Indirect Costs Indirect Cost Base (\$) 1. MTDC 51.0 283,329.00 2.	312,329.00 * Funds Requested (\$) 144,498.00
H. Indirect Costs Indirect Cost Indirect Cost Indirect Cost Indirect Cost Base (\$) 1 1. MTDC 51.0 283,329.00 1 2. 1 1 1 1 3. 1 1 1 1 4. 1 1 1 1	312,329.00 * Funds Requested (\$) 144,498.00
H. Indirect Costs Indirect Cost Indirect Cost 1. MTDC 51.0 283,329.00 2. 51.0 283,329.00 3. 6 6 4. 6 6	312,329.00 * Funds Requested (\$) 144,498.00
H. Indirect Costs Indirect Cost Indirect Cost Indirect Cost Indirect Cost Base (\$) Indirect Cost 51.0 283,329.00 Image: Solution of the state of t	312,329.00 * Funds Requested (\$) 144,498.00
Indirect Costs Indirect Cost Indirect Cost Indirect Cost Indirect Cost Base (\$) Indirect Cost Image: Indirect Cost Type 51.0 283,329.00 Image: Imag	312,329.00 * Funds Requested (\$) 144,498.00
H. Indirect Costs Indirect Cost Indirect Cost Indirect Cost Indirect Cost Indirect Cost Indirect Cost Indirect Cost Indirect Cost Image: Stress of the stress	312,329.00 * Funds Requested (\$) 144,498.00
Indirect Costs Indirect Cost Indirect Cost Indirect Cost Indirect Cost Base (\$) Indirect Cost Image: Indirect Cost Type 51.0 283,329.00 Image: Imag	312,329.00 * Funds Requested (\$) 144,498.00 144,498.00 Funds Requested (\$)
H. Indirect Costs Indirect Cost Indirect Cost Indirect Cost Indirect Cost Indirect Cost Indirect Cost Indirect Cost Indirect Cost Image: Stress of the stress	312,329.00 * Funds Requested (\$) 144,498.00 144,498.00 Funds Requested (\$)
H. Indirect Costs Indirect Cost Indirect Cost Indirect Cost Indirect Cost Indirect Cost Indirect Cost Indirect Cost Indirect Cost Image: Stress of the stress	312,329.00 * Funds Requested (\$) 144,498.00 144,498.00 Funds Requested (\$)
Indirect Costs Indirect Cost Indirect Cost Indirect Cost Indirect Cost Indirect Cost Image: Indirect Cost Image: Im	312,329.00 * Funds Requested (\$) 144,498.00 144,498.00 144,498.00 144,498.00 Funds Requested (\$) 456,827.00
Indirect Costs Indirect Cost Indirect Cost Indirect Cost Indirect Cost Indirect Cost Image: Indirect Cost Image: Im	312,329.00 * Funds Requested (\$) 144,498.00 144,498.00 144,498.00 144,498.00 Funds Requested (\$) 456,827.00
H. Indirect Costs Indirect Cost Type Indirect Cost Indirect Cost Type Indirect Cost Indirect Costs	312,329.00 * Funds Requested (\$) 144,498.00 144,498.00 144,498.00 144,498.00 5 144,498.00 144,898.00 145,827.00 144,898.00 144,898.00 144,898.00 144,898.00 144,898.00 144,898.00 144,898.00 <tr< td=""></tr<>
Indirect Costs Indirect Cost Indirect Cost Indirect Cost Type Indirect Cost Indirect Cost 1. MTDC 51.0 283,329.00 2. 3. 4. Total Indirect Costs Cognizant Federal Agency DHHS, Narendra B. Gandhi, 214-767-3230 (Agency Name, POC Name, and POC Phone Number) Intal Direct and Indirect Costs Total Direct and Indirect Costs J. Fee K. * Budget Justification	312,329.00 * Funds Requested (\$) 144,498.00 144,498.00 144,498.00 144,498.00 5 144,498.00 144,898.00 145,827.00 144,898.00 144,898.00 144,898.00 144,898.00 144,898.00 144,898.00 144,898.00 <tr< td=""></tr<>
H. Indirect Costs Indirect Cost Type Indirect Cost Indirect Cost Type Indirect Cost Indirect Costs	312,329.00 * Funds Requested (\$) 144,498.00 144,498.00 144,498.00 144,498.00 5 144,498.00 144,898.00 145,827.00 144,898.00 144,898.00 144,898.00 144,898.00 144,898.00 144,898.00 144,898.00 <tr< td=""></tr<>

RESEARCH & RELATED BUDGET - Cumulative Budget

	Tota	ls (\$)
Section A, Senior/Key Person		66,665.00
Section B, Other Personnel		106,664.00
Total Number Other Personnel	2	
Total Salary, Wages and Fringe Benefits (A+B)		173,329.00
Section C, Equipment		25,000.00
Section D, Travel		2,000.00
1. Domestic	2,000.00	
2. Foreign		
Section E, Participant/Trainee Support Costs		
1. Tuition/Fees/Health Insurance		
2. Stipends		
3. Travel		
4. Subsistence		
5. Other		
6. Number of Participants/Trainees		
Section F, Other Direct Costs		112,000.00
1. Materials and Supplies	75,000.00	
2. Publication Costs	5,000.00	
3. Consultant Services	2,000.00	
4. ADP/Computer Services		
5. Subawards/Consortium/Contractual Costs	30,000.00	
6. Equipment or Facility Rental/User Fees		
7. Alterations and Renovations		
8. Other 1		
9. Other 2		
10. Other 3		
Section G, Direct Costs (A thru F)		312,329.00
Section H, Indirect Costs		144,498.00
Section I, Total Direct and Indirect Costs (G + H)		456,827.00
Section J, Fee		

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 SubcontractBudget.xfd 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 View Attachment 5) Please attach Attachment 5 Add Attachment View Attachment 6) Please attach Attachment 6 Add Attachment Delete Attachment **View Attachment** 7) Please attach Attachment 7 Add Attachment View Attachment 8) Please attach Attachment 8 Add 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**

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 1

* ORGANIZATIONAL DUNS:	555555555555555555555555555555555555555	
* Budget Type: Project	Subaward/Consortium	
Enter name of Organization	: Subcontract University]
Reset Entries * Start	Date: 07/01/2008 * End Date: 06/30/200)9 Budget Period: 1

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

efix	r/Key Person * First Name	Middle	Name	* Last Name	Suffix		* Project Role	Base Salary (\$)	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (
	SubPIFirstName			SubPILastName		PD/P		100,000.00	1.20			10,000.00	1,000.00	11,000.00
]	
] [
]] [
] [
]] [
tal Fu	nds requested for	all Senior	Kev Pe	rsons in the attached	file									
			, ,									Total S	enior/Key Person	11,000.00
Additi	onal Senior Key Pe	rsons:					Add Attachment	Delete Attachme	ent Vi	ew Attach	ment			
	umber of ersonnel			•	* Project Ro	le			Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested
	Post	Doctoral A	ssociat	es										
	Grad	luate Stude	ents											
	Unde	ergraduate	Student	S										
	Secr	etarial/Cleri	ical											
] [
] [
] [
]	
]	
	Tota	I Number	Other F	Personnel								Total	Other Personnel	
									Total	Salary,	Wages	and Fringe E	Benefits (A+B)	11,000.00

RESEARCH & RELATED BUDGET - S	ECTION C,	D, & E, BUDGET	PERIOD 1
* ORGANIZATIONAL DUNS: 555555555555555			
* Budget Type: Project 🗸 Subaward/Consortium			
Enter name of Organization: Subcontract University			
Reset Entries * Start Date: 07/01/2008 * End Date: 06/30/2009 B	udget Period:	1	
the Reset Entries button is pressed, please navigate to previous year to enable the	ne submission o	of the form.)	
C. Equipment Description			
List items and dollar amount for each item exceeding \$5,000			
Equipment item	*	Funds Requested (\$)	
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8			
10.			
11. Total funds requested for all equipment listed in the attached file	[
	Equipment		
Additional Equipment:	Add Attachr	ment Delete Attach	nment View Attachment
D. Travel		Funds Requested (\$)	
 Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions) 	r	1,000.00	
 Portional Pravel Costs Foreign Travel Costs 	l		
-	I Travel Cost	1,000.00	
	L		
E. Participant/Trainee Support Costs	I	Funds Requested (\$)	
1. Tuition/Fees/Health Insurance	[
2. Stipends	[
3. Travel	[
4. Subsistence			
5. Other			
Number of Participants/Trainees Total Participant/Trainee Su	pport Costs		

RESEARCH & RELATED Budget {C-E} (Funds Requested)

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

RESEARCH & F	RELATED BUD	GET - SECTION F	-K, BUDGET PERIOD 1	Next Per
* ORGANIZATIONAL DUNS: 555555555555555555555555555555555555				
* Budget Type: Project 🗸 Subawa	rd/Consortium			
Enter name of Organization: Subcontract University	ersity			
Reset Entries * Start Date: 07/01/2008	* End Date: 06/30/2	Budget Period	d: 1	
f the Reset Entries button is pressed, please navigat	te to previous year to	enable the submissior	of the form.)	
F. Other Direct Costs			Funds Requested (\$)	
1. Materials and Supplies			8,000.00	
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.				
9.				
10.				
	Total O	ther Direct Costs	8,000.00	
H. Indirect Costs Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)	
1. MTDC	50	20,000.00	10,000.00	
2.				
3.				
4.				
	То	tal Indirect Costs	10,000.00	
Cognizant Federal Agency SubCogFedAg				
(Agency Name, POC Name, and POC Phone Number)			
I. Total Direct and Indirect Costs			Funds Requested (\$)	
Total Direct and In	direct Institutio	nal Costs (G + H)	30,000.00	
J. Fee			Funds Requested (\$)	
_				
K. * Budget Justification		Add Attac	hment Delete Attachment	View Attachment
(Only att	ach one file.)			

Next Period

RESEARCH & RELATED BUDGET - Cumulative Budget

	Tota	Totals (\$)		
Section A, Senior/Key Person		11,000.00		
Section B, Other Personnel				
Total Number Other Personnel	0			
Total Salary, Wages and Fringe Benefits (A+B)		11,000.00		
Section C, Equipment				
Section D, Travel		1,000.00		
1. Domestic	1,000.00			
2. Foreign				
Section E, Participant/Trainee Support Costs				
1. Tuition/Fees/Health Insurance				
2. Stipends				
3. Travel				
4. Subsistence				
5. Other				
6. Number of Participants/Trainees				
Section F, Other Direct Costs		8,000.00		
1. Materials and Supplies	8,000.00			
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. Other 1				
9. Other 2				
10. Other 3				
Section G, Direct Costs (A thru F)		20,000.00		
Section H, Indirect Costs		10,000.00		
Section I, Total Direct and Indirect Costs (G + H)		30,000.00		
Section J, Fee				