APPLICATION FOR FEDERAL ASSISTANCE	2. DATE SUB	MITTED		Applicant Identifier	
SF 424 (R&R)	3. DATE RECE	EIVED BY STATE		State Application Identifier	
1. * TYPE OF SUBMISSION					
Pre-application ✓ Application	4. Federal Ide	entifier	$\neg$		
Changed/Corrected Application					
5. APPLICANT INFORMATION		* Organizatio	onal DU	NS: 603007902	
* Legal Name: Indiana University					
Department: Office of Research Admin.	Division:				
* Street1: 620 Union Drive, Room 518	reet2:				
* City: Indianapolis Cou	unty: Marion		*	State: IN: Indiana	
Province:	* Country: JNITI	ED ST * ZIP / Postal Code	e: 4620	02-5167	
Person to be contacted on matters involving this applica	ation				
Prefix: * First Name:	Middle Name:			Name:	Suffix:
Mrs. Jean			Merce	r	
* Phone Number: 317-278-3473	ax Number: 317	7-274-5932	Er	mail: spon2@iupui.edu	
6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):		7. * TYPE OF APPLICA	NT:		
1-356001673-A1		H: Public/s	State Co	ontrolled Institution of Higher Educ	ation
8. * TYPE OF APPLICATION: V New		Other (Specify):			
Resubmission Renewal Continuation	Revision	Women Owned	Small I	Business Organization Type  Socially and Economica	lly Disadvantaged
If Revision, mark appropriate box(es).		9. * NAME OF FEDERA	L AGEN	ICY:	
A. Increase Award B. Decrease Award C. Inc	crease Duration	National Institutes of Hea	alth		
D. Decrease Duration  E. Other (specify):		10. CATALOG OF FEDE	ERAL D	OMESTIC ASSISTANCE NUMBE	R:
* Is this application being submitted to other agencies?	Yes No <b>√</b>				
What other Agencies?		TITLE:			
11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJEC	CT:				
Title of Grant Proposal					
12. * AREAS AFFECTED BY PROJECT (cities, countie	es, states, etc.)				
State of Indiana					
13. PROPOSED PROJECT:		14. CONGRESSIONAL	DISTRI		
* Start Date * Ending Date		a. * Applicant		b. * Project	
07/01/2008 06/30/2013		IN-007		IN-007	
15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR Prefix: * First Name:	R CONTACT INFO	ORMATION	* Last	Nama	Suffix:
PIFITST Name:	Middle Name:		PILast		Sullix:
Position/Title: e.g. Asst. Professor	* Organization	on Name: Indiana University	sitv		
Department: e.g. Biochemistry	Division:		-,		
* Street1: PIStreet	Street2:				
	unty: Marion		,	* State: IN: Indiana	
		ED 81 * 710 / Dast-1 6			
	·	* ZIP / Postal C	,	PIZip	
* Phone Number: PIPhone Fa	ax Number: PIF	ax	* Ei	mail: PI@email	

SF 424 (R&R) APPLI	CATION FOR FEDERAL ASSI	STANCE		Page 2
16. ESTIMATED PROJECT FUNDING		17. * IS APPLICATION SUBJE ORDER 12372 PROCESS		EXECUTIVE
a. * Total Estimated Project Funding b. * Total Federal & Non-Federal Funds c. * Estimated Program Income	1,925,000.00 1,925,000.00 0.00	AVAILABLE TO THE PROCESS FOR FOR DATE:  b. NO PROGRAM IS NO	ATION/APPLICATION WAS HE STATE EXECUTIVE ORD REVIEW ON: OT COVERED BY E.O. 12372 NOT BEEN SELECTED BY S	DER 12372 2; OR
criminal, civil, or administrative   * I agree  * The list of certifications and assurances  19. Authorized Representative	or an Internet site where you may obtain	this list, is contained in the annound		
Prefix: * First Name:	Middle Name:		t Name:	Suffix:
Mr. John	W.	Talbo	tt	
* Position/Title: Interim Asst. V.P. for	Research Admin. * Organizatio	n: Indiana University		
Department: Office of Research Ad	min. Division:			
* Street1: 620 Union Drive, Roor	n 518 Street2:			
* City: Indianapolis	County: Marion		* State: IN: Indiana	
Province:	* Country: JNITE	* ZIP / Postal Code:	46202-5167	
* Phone Number: 317-278-3473	Fax Number: 317-2	74-5932 * E	Email: spon2@iupui.edu	
* Signature of Author	ized Penresentative		* Date Signed	
Signature of Author	ILCU NCHICOCIILALIVE		Date Siulieu	

Delete Attachment

Add Attachment

View Attachment

20. Pre-application

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

Add Attachment

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

View Attachment

## RESEARCH & RELATED Senior/Key Person Profile (Expanded)

	PROFILE - Project Director/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	Marion * State: N: Indiana Province:	
* Country: UNITED ST/ * Zip / Postal Code:	e: PIZip	
* Phone Number	Fax Number * E-Mail	
PIPhone	PIFax PI@email	
Credential, e.g., agency login: for NIH enter PI	I NIH Commons user name here	
* Project Role: PD/PI	Other Project Role Category:	
*Attach Biographical Sketch	Add Attachment Delete Attachment Vi	ew Attachment
Attach Current & Pending Support	Add Attachment Delete Attachment Vi	ew Attachment
	PROFILE - Senior/Key Person 1	
Prefix * First Name	Middle Name * Last Name	Suffix
ColnvestigatorFirstName	ConInvestigatorLastName	
Position/Title: e.g. Asst. Professor	Department: e.g. Microbiolgoy	
Organization Names Indiana University		
Organization Name: Indiana University	Division:	
* Street1: ColAddress	Division:  Street2:	
* Street1: ColAddress	Street2:  * State: N: Indian; Province:	
* Street1: ColAddress  * City: Indianapolis County:	Street2:  * State: N: Indian; Province:	
* Street1: ColAddress  * City: Indianapolis County:   * Country: UNITED ST/ * Zip / Postal Code: 4	Street2:  * State: N: Indian; Province:  46202	
* Street1: ColAddress  * City: Indianapolis County:  * Country: UNITED ST/ * Zip / Postal Code: 4  * Phone Number	Street2:  * State: N: Indiani Province:  46202  Fax Number * E-Mail  ColFax  Col@email	
* Street1: ColAddress  * City: Indianapolis County:  * Country: UNITED ST/ * Zip / Postal Code: 4  * Phone Number  ColPhone	Street2:  * State: N: Indian; Province:  46202  Fax Number * E-Mail  ColFax  Col@email  user name (optional, unless role is PI-PD)	
* Street1: ColAddress  * City: Indianapolis	Street2:  * State: N: Indian: Province:  46202  Fax Number * E-Mail  ColFax  Col@email  user name (optional, unless role is PI-PD)  Other Project Role Category: Other Significant Contributor	ew Attachment
* Street1: ColAddress  * City: Indianapolis	Street2:  * State: N: Indian: Province:  46202  Fax Number * E-Mail  ColFax Col@email  user name (optional, unless role is PI-PD)  Other Project Role Category: Other Significant Contributor  Add Attachment Delete Attachment Vie	ew Attachment ew 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? Yes 🗸 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? ☐ Yes ✓ No	
IACUC Approval Date:	
Animal Welfare Assurance Number A4091-01	
3. * Is proprietary/privileged information included in the application? Yes V No	
4.a. * Does this project have an actual or potential impact on the environment? Yes V	
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 assess environmental impact statement (EIS) been performed?	ement (EA) or
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	nent
7. * Project Narrative Add Attachment Delete Attachment View Attachment	
8. Bibliography & References Cited Add Attachment Delete Attachment View A	ttachment
9. Facilities & Other Resources Add Attachment Delete Attachment View Attach	nment
10. Equipment	
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 University \* 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: Street2: \* Street1: \* City: \* State: County: \* Country: NITED S \* ZIP / Postal Code: Province: Reset Entry Next Site Add Attachment Additional Location(s) Delete Attachment View Attachment

## **PHS 398 Cover Page Supplement**

1. Project	Director / Principal Investigator (PD/PI)
Destina	+ First Name   DiFirstName
Prefix: Middle Nam	* First Name: PIFirstName
* Last Name:	PILastName
Suffix:	r iLastivalite
* New Inves	igator? No Yes
Degrees:	
2. Human	Subjects
Clinical Tria	I? □ No □ Yes
* ^	office of Discos III Official Trial O
* Agency-D	efined Phase III Clinical Trial?
	e contacted on matters involving this application
Prefix:	Mrs. * First Name: Jean
Middle Nam	e:
* Last Name:	Mercer
Suffix:	
	ber: 317-278-3473 Fax Number: 317-274-5932
Email: spor	n2@iupui.edu
* Title: Dire	ctor of Grant Services
* Street1:	620 Union Drive, Room 518
<b>⊢</b>	Office of Research Administration
* City:	ndianapolis
County:	Marion
* State:	IN: Indiana
Province:	
* Country:	JNITED ST * Zip / Postal Code: 46202-5167

## **PHS 398 Cover Page Supplement**

	Expiration Date: 9/30
4. Human Embryonic Stem Cells	
* Does the proposed project involve human embryonic stem cells?	
Does the proposed project involve numan embryonic stem cens!	
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 u	ised.

	PHS 39	8 Researd	h Plan		
1. Application Type:					
From SF 424 (R&R) Cover Page and PHS39 are repeated for your reference, as you attact				ding the type of applica	tion being submitted,
*Type of Application:					
✓ New ☐ Resubmission ☐ Renew	al Continuation	Revision			
2. Research Plan Attachments:					
Please attach applicable sections of the reso	earch 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
Attachments 8-11 apply only when you have Form. In this case, attachments 8-11 may be specific Funding Opportunity Announcement	e required, and you ar	re encouraged to c	onsult the Application	n guide instructions and	•
8. Protection of Human Subjects			Add Attachment	Delete Attachment	View Attachment
9. Inclusion of Women and Minorities			Add Attachment	Delete Attachment	View Attachment
10. Targeted/Planned Enrollment			Add Attachment	Delete Attachment	View Attachment
11. Inclusion of Children			Add Attachment	Delete Attachment	View Attachment
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	Delete Attachment	View Attachment
15. Consortium/Contractual Arrangements			Add Attachment	Delete Attachment	View Attachment
16. Letters of Support			Add Attachment	Delete Attachment	View Attachment
17. Resource Sharing Plan(s)			Add Attachment	Delete Attachment	View Attachment
18. Appendix	Add Attachments	Remove Attachm	ents View Attach	ments	

## **PHS 398 Checklist**

<ul> <li>1. Application Type: From SF 424 (R&amp;R) Cover Page. The responses provided on the R&amp;R cover page are repeated here for your reference, as you answer the questions that are specific to the PHS398.</li> <li>* Type of Application:</li> </ul>
✓ 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:
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
Mathematical West throughout a second to following
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 source(s). Otherwise, leave this sec	ng that program income is anticipated), then use the format below to reflect the amount and tion blank.
*Budget Period *Anticipated Amoun	t (\$) *Source(s)
5. Assurances/Certifications	(see instructions)
comply with the policies, assurance	ication section 18 on the SF424 (R&R) form, the authorized organizational representative agrees to s and/or certifications listed in the agency's application guide, when applicable. Descriptions of are provided at: http://grants.nih.gov/grants/funding/424
If unable to certify compliance, who	ere applicable, provide an explanation and attach below.
Explanation:	Add Attachment Delete Attachment View Attachment

## **PHS 398 Cover Letter**

			·	expiration Date: 9/30/2007
*Mandatory Cover Letter Filena	me:			
	Add Cover Letter File	Delete Cover Letter File	View Cover Letter File	

# PHS 398 Modular Budget, Periods 1 and 2



OMB Number: 0925-0001

Expiration Date: 9/30/2007

Budget Period: 1			
Reset Entries Start Date: 07/01/2008 End Date:	06/30/2009		
A. Direct Costs			* Funds Requested (\$)
* D	irect Cost les	ss Consortium F&A	250,000.00
		Consortium F&A	
		* Total Direct Costs	250,000.00
B. Indirect Costs			
Indirect Cost Type	Indirect Cos Rate (%)	st Indirect Cost Base (\$)	* Funds Requested (\$)
1. MTDC	54	250,000.00	135,000.00
2.			
3.			
4.			
Cognizant Agency (Agency Name, POC Name and Phone Number) DHHS, Denise Shirlee			
214-767-3313	<del></del>		
Indirect Cost Rate Agreement Date 06/04/2008		Total Indirect Costs	135,000.00
C. Total Direct and Indirect Costs (A + B)		Funds Requested (\$)	385,000.00
Budget Period: 2			
Budget Period: 2  Reset Entries Start Date: 07/01/2009 End Date:	06/30/2010		
	06/30/2010		* Funds Requested (\$)
Reset Entries Start Date: 07/01/2009 End Date:  A. Direct Costs		ss Consortium F&A	* Funds Requested (\$) 250,000.00
Reset Entries Start Date: 07/01/2009 End Date:  A. Direct Costs			
Reset Entries Start Date: 07/01/2009 End Date:  A. Direct Costs	irect Cost les	ss Consortium F&A	
Reset Entries Start Date: 07/01/2009 End Date:  A. Direct Costs  * D	irect Cost les	ss Consortium F&A Consortium F&A	250,000.00
Reset Entries Start Date: 07/01/2009 End Date:  A. Direct Costs  * D	irect Cost les	consortium F&A Consortium F&A Total Direct Costs	250,000.00
Reset Entries Start Date: 07/01/2009 End Date:  A. Direct Costs  * D	irect Cost les	ss Consortium F&A Consortium F&A  * Total Direct Costs	250,000.00 250,000.00 * Funds Requested (\$)
Reset Entries Start Date: 07/01/2009 End Date:  A. Direct Costs  * D  B. Indirect Costs  Indirect Cost Type  1. MTDC	Indirect Cost Rate (%)	ss Consortium F&A Consortium F&A  * Total Direct Costs  t Indirect Cost Base (\$)	250,000.00 250,000.00 * Funds Requested (\$)
Reset Entries Start Date: 07/01/2009 End Date:  A. Direct Costs  * D  B. Indirect Costs	Indirect Cost Rate (%)	ss Consortium F&A Consortium F&A  * Total Direct Costs  t Indirect Cost Base (\$)	250,000.00 250,000.00 * Funds Requested (\$)
Reset Entries Start Date: 07/01/2009 End Date:  A. Direct Costs  * D  B. Indirect Costs  Indirect Cost Type  1. MTDC	Indirect Cost Rate (%)	ss Consortium F&A Consortium F&A  * Total Direct Costs  t Indirect Cost Base (\$)	250,000.00 250,000.00 * Funds Requested (\$)
Reset Entries Start Date: 07/01/2009 End Date:  A. Direct Costs  * D  B. Indirect Costs  Indirect Cost Type  1. MTDC  2.	Indirect Cost Rate (%)	ss Consortium F&A Consortium F&A  * Total Direct Costs  t Indirect Cost Base (\$)	250,000.00 250,000.00 * Funds Requested (\$)
Reset Entries Start Date: 07/01/2009 End Date:  A. Direct Costs  * D  B. Indirect Costs  Indirect Cost Type  1. MTDC  2. 3. 4.	Indirect Cost Rate (%)	ss Consortium F&A Consortium F&A  * Total Direct Costs  t Indirect Cost Base (\$)	250,000.00 250,000.00 * Funds Requested (\$)
Reset Entries Start Date: 07/01/2009 End Date:  A. Direct Costs  * D  B. Indirect Costs  Indirect Cost Type  1. MTDC  2. 3.	Indirect Cost Rate (%)	ss Consortium F&A Consortium F&A  * Total Direct Costs  t Indirect Cost Base (\$)	250,000.00 250,000.00 * Funds Requested (\$)
Reset Entries Start Date: 07/01/2009 End Date:  A. Direct Costs  * D  B. Indirect Costs  Indirect Cost Type  1. MTDC  2	Indirect Cost Rate (%)	ss Consortium F&A Consortium F&A  * Total Direct Costs  t Indirect Cost Base (\$)	250,000.00 250,000.00 * Funds Requested (\$)
Reset Entries Start Date: 07/01/2009 End Date:  A. Direct Costs  * D  B. Indirect Costs  Indirect Cost Type  1. MTDC  2	Indirect Cost Rate (%)	ss Consortium F&A Consortium F&A  * Total Direct Costs  t Indirect Cost Base (\$)	* Funds Requested (\$)  135,000.00
Reset Entries Start Date: 07/01/2009 End Date:  A. Direct Costs  B. Indirect Costs  Indirect Cost Type  1. MTDC  2	Indirect Cost Rate (%)	SS Consortium F&A  Consortium F&A  * Total Direct Costs  It Indirect Cost Base (\$)  250,000.00	* Funds Requested (\$) 135,000.00

## PHS 398 Modular Budget, Periods 3 and 4

Budget Period: 3			
Reset Entries Start Date: 07/01/2010 End Date:	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	la dia at Oast	la dia at Oast	
Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1. MTDC	54	250,000.00	135,000.00
2.	]		
3.			
4.			
Cognizant Agency (Agency Name, POC Name and Phone Number) DHHS, Denise Shirlee			
214-767-3313			
Indirect Cost Rate Agreement Date 06/04/2008		Total Indirect Cost	ts 135,000.00
C. Total Direct and Indirect Costs (A + B)		Funds Requested (\$	385,000.00
			-
Pudget Periods 4			
Budget Period: 4  Reset Entries Start Date: 07/01/2011 End Date	06/30/2012		
Reset Entries Start Date: 07/01/2011 End Date	06/30/2012		* Funds Requested (\$)
Reset Entries Start Date: 07/01/2011 End Date  A. Direct Costs		s Consortium F&A	* Funds Requested (\$) 250,000.00
Reset Entries Start Date: 07/01/2011 End Date  A. Direct Costs		s Consortium F&A Consortium F&A	
Reset Entries Start Date: 07/01/2011 End Date  A. Direct Costs	Direct Cost less		
Reset Entries Start Date: 07/01/2011 End Date  A. Direct Costs	Direct Cost less	Consortium F&A Total Direct Costs	250,000.00
Reset Entries Start Date: 07/01/2011 End Date  A. Direct Costs  * [	Direct Cost less	Consortium F&A	250,000.00
Reset Entries Start Date: 07/01/2011 End Date  A. Direct Costs  * [	Direct Cost less	Consortium F&A  Total Direct Costs  Indirect Cost	250,000.00 250,000.00 * Funds Requested (\$)
A. Direct Costs  * [  B. Indirect Costs  Indirect Cost Type  1. MTDC	irect Cost less  * Indirect Cost Rate (%)	Consortium F&A  Total Direct Costs  Indirect Cost Base (\$)	250,000.00 250,000.00 * Funds Requested (\$)
Reset Entries Start Date: 07/01/2011 End Date  A. Direct Costs  * [  B. Indirect Costs]	irect Cost less  * Indirect Cost Rate (%)	Consortium F&A  Total Direct Costs  Indirect Cost Base (\$)	250,000.00 250,000.00 * Funds Requested (\$)
A. Direct Costs  * [  B. Indirect Costs  Indirect Cost Type  1. MTDC	irect Cost less  * Indirect Cost Rate (%)	Consortium F&A  Total Direct Costs  Indirect Cost Base (\$)	250,000.00 250,000.00 * Funds Requested (\$)
Reset Entries Start Date: 07/01/2011 End Date  A. Direct Costs  * [  B. Indirect Costs  Indirect Cost Type  1. MTDC  2.	irect Cost less  * Indirect Cost Rate (%)	Consortium F&A  Total Direct Costs  Indirect Cost Base (\$)	250,000.00 250,000.00 * Funds Requested (\$)
Reset Entries Start Date: 07/01/2011 End Date  A. Direct Costs  B. Indirect Costs  Indirect Cost Type  1. MTDC  2	irect Cost less  * Indirect Cost Rate (%)	Consortium F&A  Total Direct Costs  Indirect Cost Base (\$)	250,000.00 250,000.00 * Funds Requested (\$)
Reset Entries Start Date: 07/01/2011 End Date  A. Direct Costs  B. Indirect Costs  Indirect Cost Type  1. MTDC  2. 3.	irect Cost less  * Indirect Cost Rate (%)	Consortium F&A  Total Direct Costs  Indirect Cost Base (\$)	250,000.00 250,000.00 * Funds Requested (\$)
Reset Entries Start Date: 07/01/2011 End Date  A. Direct Costs  B. Indirect Costs  Indirect Cost Type  1. MTDC  2	irect Cost less  * Indirect Cost Rate (%)	Consortium F&A  Total Direct Costs  Indirect Cost Base (\$)	250,000.00 250,000.00 * Funds Requested (\$)
Reset Entries Start Date: 07/01/2011 End Date  A. Direct Costs  B. Indirect Costs  Indirect Cost Type  1. MTDC  2	irect Cost less  * Indirect Cost Rate (%)	Consortium F&A  Total Direct Costs  Indirect Cost Base (\$)	* Funds Requested (\$)  135,000.00
Reset Entries Start Date: 07/01/2011 End Date  A. Direct Costs  B. Indirect Costs  Indirect Cost Type  1. MTDC  2	Indirect Cost less  * Indirect Cost Rate (%)  54	Consortium F&A Total Direct Costs Indirect Cost Base (\$) 250,000.00	250,000.00  250,000.00  * Funds Requested (\$)  135,000.00  s

# PHS 398 Modular Budget, Period 5 and Cumulative

Budget Period: 5						
Reset Entries Start Date: 07/01/2012 End Date	9: 06/30/2013					
A. Direct Costs			* Funds Requested (\$)			
* [	Direct Cost les	s Consortium F&A	250,000.00			
		Consortium F&A				
		* Total Direct Costs	250,000.00			
B. Indirect Costs						
Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)			
1. MTDC	54	250,000.00	135,000.00			
2.						
3.						
4.						
Cognizant Agency (Agency Name, POC Name and Phone Number)  DHHS, Denise Shirlee 214-767-3313						
Indirect Cost Rate Agreement Date 06/04/2008		Total Indirect Costs	135,000.00			
C. Total Direct and Indirect Costs (A + B)		Funds Requested (\$)	385,000.00			
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 \$		1,200,000.00				
* Section A, Total Direct Costs for Entire Project Period \$		1,250,000.00				
* Section B, Total Indirect Costs for Entire Project Period \$		675,000.00				
* Section C, Total Direct and Indirect Costs (A+B) for Entire Project Period \$		1,925,000.00				
			7			
2. Budget Justifications						
Personnel Justification	ld Attachment	Delete Attachmer	nt View Attachment			
Consortium Justification Ad	ld Attachment	Delete Attachmer	nt View Attachment			
Additional Narrative Justification Ad	d Attachment	Delete Attachmer	t View Attachment			

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



* 0004	NIZATIONAL DUNG.	000007000000	2	7								
	NIZATIONAL DUNS: et Type:		paward/Consortium	_								
_												
Enter n	ame of Organization			╝.								
		Date: 07/01/200			get Period: 1							
		essed, please na	vigate to previous year to e	enable the s	submission of the form.)							
A. Senior Prefix	*/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 (\$
	PIFirstName		PILastName		PD/PI	100,000.00	6.00			50,000.00	16,665.00	66,665.00
Total Fu	nds requested for all	I Senior Kev Pe	ersons in the attached file	e								
				-						Total Se	enior/Key Person	66,665.00
۸dditio	onal Senior Key Pers	one:			Add Attachment	Delete Attachme	ent Vi	ew Attach	ment			
Additio	onar comor reg r era											
B Oth	er Personnel											
	umber of						Cal.	Acad.	Sum.	* Requested	* Fringe	
Pe	ersonnel		* P	roject Role	)		Months	Months		Salary (\$)		* Funds Requested (\$)
2	Post D	octoral Associat	es 📜				18.00			80,000.00	26,664.00	106,664.00
	Gradua	ate Students	•									
	Underg	graduate Student	is									
	Secreta	arial/Clerical										
	]											
2	Total I	Number Other F	Personnel							Total	Other Personnel	106,664.00
Total Salary, Wages and Fringe Benefits (A					enefits (A+B)	173,329.00						

OMB Number: 4040-0001

Expiration Date: 04/30/2008

1. 2. 3. 4. 5. 6. 7. 8. 9.

#### RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 1 \* ORGANIZATIONAL DUNS: 6030079020000 Subaward/Consortium Enter name of Organization: Indiana University \* Start Date: 07/01/2008 \* End Date: 06/30/2009 **Budget Period: 1** Reset Entries (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 (\$) **Equipment item** 25,000.00 machine 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 Add Attachment View Attachment **Additional Equipment:** D. Travel Funds Requested (\$) 2.000.00 1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions) 2. Foreign Travel Costs Total Travel Cost 2,000.00

E. Participant/Trainee Support Costs

1. Tuition/Fees/Health Insurance
2. Stipends
3. Travel
4. Subsistence
5. Other

**Total Participant/Trainee Support Costs** 

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

Number of Participants/Trainees

#### **RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 1** \* ORGANIZATIONAL DUNS: 6030079020000 \* Budget Type: ✓ Project Subaward/Consortium Enter name of Organization: Indiana University **Budget Period: 1** \* Start Date: 07/01/2008 | \* End Date: 06/30/2009 Reset Entries (If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the F. Other Direct Costs Funds Requested (\$) 75,000.00 1. Materials and Supplies **Publication Costs** 5,000.00 **Consultant Services** 2.000.00 ADP/Computer Services Subawards/Consortium/Contractual Costs 30,000.00 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 (\$) Total Direct Costs (A thru F) 312,329.00 **H. Indirect Costs Indirect Cost Indirect Cost** Rate (%) Base (\$) **Indirect Cost Type** \* Funds Requested (\$) 1. MTDC 54 283,329.00 152,998.00 2. 3. 4. Total Indirect Costs | 152,998.00 Cognizant Federal Agency DHHS, Denise Shirlee, 214-767-3313 (Agency Name, POC Name, and POC Phone Number) I. Total Direct and Indirect Costs Funds Requested (\$) Total Direct and Indirect Institutional Costs (G + H) 465,327.00

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

View Attachment

Funds Requested (\$)

Delete Attachment

Add Attachment

(Only attach one file.)

J. Fee

K. \* Budget Justification

#### **RESEARCH & RELATED BUDGET - Cumulative Budget**

#### Totals (\$) Section A, Senior/Key Person 66,665.00 Section B, Other Personnel 106,664.00 2 Total Number Other Personnel 173,329.00 Total Salary, Wages and Fringe Benefits (A+B) Section C, Equipment 25,000.00 Section D, Travel 2,000.00 2,000.00 1. Domestic 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** 152,998.00 Section I, Total Direct and Indirect Costs (G + H) 465,327.00 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
- 2) Please attach Attachment 2
- 3) Please attach Attachment 3
- 4) Please attach Attachment 4
- 5) Please attach Attachment 5
- 6) Please attach Attachment 6
- 7) Please attach Attachment 7
- 8) Please attach Attachment 8
- 9) Please attach Attachment 9
- 10) Please attach Attachment 10

SubcontractBudget.xfd	Add Attachment	Delete Attachment	View Attachment
	Add Attachment	Delete Attachment	View Attachment
	Add Attachment	Delete Attachment	View Attachment
	Add Attachment	Delete Attachment	View Attachment
	Add Attachment	Delete Attachment	View Attachment
	Add Attachment	Delete Attachment	View Attachment
	Add Attachment	Delete Attachment	View Attachment
	Add Attachment	Delete Attachment	View Attachment
	Add Attachment	Delete Attachment	View Attachment
	Add Attachment	Delete Attachment	View Attachment

#### RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 1 \* ORGANIZATIONAL DUNS: 5555555555555 \* Budget Type: Project ✓ Subaward/Consortium Enter name of Organization: Subcontract University **Budget Period: 1** \* Start Date: 07/01/2008 \* End Date: 06/30/2009 Reset Entries (If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the form.) A. Senior/Key Person Cal. \* Requested \* Fringe Acad. Sum. \* Project Role Salary (\$) Benefits (\$) \* Funds Requested (\$) Prefix \* First Name Middle Name \* Last Name Suffix Months Months Months Base Salary (\$) SubPILastName PD/PI 100,000.00 1.20 10,000.00 1.000.00 11.000.00 SubPIFirstName 9. Total Funds requested for all Senior Key Persons in the attached file **Total Senior/Key Person** 11,000.00 Add Attachment View Attachment **Additional Senior Key Persons: B.** Other Personnel \* Number of \* Requested \* Fringe Acad. Sum. Personnel Salary (\$) Benefits (\$) Months Months Months \* Project Role Post Doctoral Associates **Graduate Students Undergraduate Students**

\* Funds Requested (\$) Secretarial/Clerical **Total Other Personnel Total Number Other Personnel** Total Salary, Wages and Fringe Benefits (A+B) 11,000.00

OMB Number: 4040-0001

Expiration Date: 04/30/2008

1.

2. 3. 4. 5. 6. 7. 8.

### RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 1 \* ORGANIZATIONAL DUNS: 5555555555555 \* Budget Type: Project ✓ Subaward/Consortium Enter name of Organization: Subcontract University \* Start Date: 07/01/2008 \* End Date: 06/30/2009 **Budget Period: 1** Reset Entries (If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the form.) C. Equipment Description List items and dollar amount for each item exceeding \$5,000 \* Funds Requested (\$) **Equipment item** 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. Total funds requested for all equipment listed in the attached file **Total Equipment** Add Attachment View Attachment **Additional Equipment:** D. Travel Funds Requested (\$) 1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions) 1.000.00 2. Foreign Travel Costs Total Travel Cost 1,000.00

Number of Participants/Trainees Total Participant/Trainee Support Costs

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

E. Participant/Trainee Support Costs

1. Tuition/Fees/Health Insurance

Stipends
Travel
Subsistence

5. Other

Funds Requested (\$)

OMB Number: 4040-0001

Expiration Date: 04/30/2008

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

Next Period

* OR	RGANIZATIONAL DUNS: 55555555555555							
* Budget Type: Project Subaward/Consortium								
Ente	Enter name of Organization: Subcontract University							
Res	set Entries * Start Date: 07/01/200	8 * End Date: 06/30/	2009 Budget Period	l: 1				
the F	Reset Entries button is pressed, please nav	igate to previous year to	enable the submission	of the form.)				
F. O	ther 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				
		· otal		3,00000				
G D	G. Direct Costs Funds Requested (\$)							
G. D	irect Costs							
G. D	irect Costs	Total Direc	t Costs (A thru F)					
G. D	irect Costs	Total Direc	t Costs (A thru F)					
	ndirect Costs	Total Direc	t Costs (A thru F)					
			Indirect Cost					
H. In	ndirect Costs	Indirect Cost	Indirect Cost	20,000.00				
H. In	ndirect Costs Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)				
H. lr 1.	ndirect Costs Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)				
H. lr 1. 2.	ndirect Costs Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)				
H. Ir 1. 2. 3.	ndirect Costs Indirect Cost Type	Indirect Cost Rate (%)  50	Indirect Cost Base (\$)	* Funds Requested (\$) 10,000.00				
H. Ir 1. 2. 3. 4.	ndirect Costs Indirect Cost Type	Indirect Cost Rate (%)  50	Indirect Cost Base (\$)	* Funds Requested (\$) 10,000.00				
H. In 1. 2. 3. 4.	Indirect Cost Type  MTDC	Indirect Cost Rate (%)  50  To	Indirect Cost Base (\$)	* Funds Requested (\$) 10,000.00				
H. In 1. 2. 3. 4.	Indirect Costs  Indirect Cost Type  MTDC  Indirect Cost Type  MTDC  SubCogFedAg	Indirect Cost Rate (%)  50  To	Indirect Cost Base (\$)	* Funds Requested (\$) 10,000.00				
H. Iri  1. 2. 3. 4.  Cogg	Indirect Costs  Indirect Cost Type  MTDC  Indirect Cost Type  MTDC  SubCogFedAg	Indirect Cost Rate (%)  50  To	Indirect Cost Base (\$)	* Funds Requested (\$) 10,000.00				
H. Iri  1. 2. 3. 4.  Cogg	Indirect Costs  Indirect Cost Type  MTDC  Inizant Federal Agency SubCogFedAgency Name, POC Name, and POC Phone Number of the Direct and Indirect Costs	Indirect Cost Rate (%)  50  To	Indirect Cost Base (\$)  20,000.00  tal Indirect Costs	* Funds Requested (\$) 10,000.00 10,000.00				
H. Iri  1. 2. 3. 4.  Cogg	Indirect Costs  Indirect Cost Type  MTDC  Inizant Federal Agency SubCogFedAgency Name, POC Name, and POC Phone Number of the Direct and Indirect Costs	Indirect Cost Rate (%)  50  To	Indirect Cost Base (\$)  20,000.00  tal Indirect Costs	* Funds Requested (\$) 10,000.00  10,000.00  Funds Requested (\$)				
1. 2. 3. 4. Cog	Indirect Cost Type  MTDC  MTDC  Inizant Federal Agency SubCogFedAgency Name, POC Name, and POC Phone Number of the Direct and Indirect Costs  Total Direct and	Indirect Cost Rate (%)  50  To	Indirect Cost Base (\$)  20,000.00  tal Indirect Costs	20,000.00  * Funds Requested (\$)  10,000.00  10,000.00  Funds Requested (\$)  30,000.00				
H. Iri  1. 2. 3. 4.  Cogg	Indirect Cost Type  MTDC  MTDC  Inizant Federal Agency SubCogFedAgency Name, POC Name, and POC Phone Number of the Direct and Indirect Costs  Total Direct and	Indirect Cost Rate (%)  50  To	Indirect Cost Base (\$)  20,000.00  tal Indirect Costs	* Funds Requested (\$) 10,000.00  10,000.00  Funds Requested (\$)				
1. 2. 3. 4. Cog	Indirect Cost Type  MTDC  MTDC  Inizant Federal Agency SubCogFedAgency Name, POC Name, and POC Phone Number of the Direct and Indirect Costs  Total Direct and	Indirect Cost Rate (%)  50  To	Indirect Cost Base (\$)  20,000.00  tal Indirect Costs	20,000.00  * Funds Requested (\$)  10,000.00  10,000.00  Funds Requested (\$)  30,000.00				
1. 2. 3. 4. Cog	Indirect Cost Type  MTDC  MTDC  Inizant Federal Agency SubCogFedAgency Name, POC Name, and POC Phone Number of the Direct and Indirect Costs  Total Direct and	Indirect Cost Rate (%)  50  To	Indirect Cost Base (\$)  20,000.00  tal Indirect Costs  anal Costs (G + H)	20,000.00  * Funds Requested (\$)  10,000.00  10,000.00  Funds Requested (\$)  30,000.00				
H. Iri  1. 2. 3. 4.  Cogg (Agea	Indirect Cost Type  MTDC  MTDC  Inizant Federal Agency SubCogFedAgency Name, POC Name, and POC Phone Number of the Direct and Indirect Costs  Total Direct and Direct	Indirect Cost Rate (%)  50  To	Indirect Cost Base (\$)  20,000.00  tal Indirect Costs	20,000.00  * Funds Requested (\$)  10,000.00  10,000.00  Funds Requested (\$)  30,000.00	nent View Attachment			

### RESEARCH & RELATED BUDGET - Cumulative Budget

	Total	Is (\$)
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		
<b>10.</b> 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		