Grant Application Package

Opportunity Title: NIH Research Project Grant (Parent R01)
Offering Agency: National Institutes of Health
CFDA Number: 
CFDA Description: 
Opportunity Number: PA-16-160
Competition ID: FORMS-D
Opportunity Open Date: 04/17/2016
Opportunity Close Date: 05/07/2019
Agency Contact: eRA Service Desk Monday to Friday 7 am to 8 pm ET http://grants.nih.gov/support/

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: PI name_LSU Proposal Number

Select Forms to Complete

Mandatory

- SF424 (R & R)
- PHS 398 Cover Page Supplement
- Research And Related Other Project Information
- Project/Performance Site Location(s)
- Research and Related Senior/Key Person Profile (Expanded)
- PHS 398 Research Plan

Optional

- Research & Related Budget
- PHS 398 Modular Budget
- PHS Assignment Request Form
- R & R Subaward Budget Attachment(s) Form 5 YR 30 ATT
- PHS 398 Inclusion Enrollment Report

Instructions

Show Instructions >>

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.
APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

1. TYPE OF SUBMISSION
☐ Pre-application ☑ Application ☐ Changed/Corrected Application

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

4. a. Federal Identifier

b. Agency Routing Identifier

c. Previous Grants.gov Tracking ID

Required for Resubmissions and Renewal Applications. This is your prior NIH proposal number. For proposal 1R01CA123456-01, enter CA123456.

5. APPLICANT INFORMATION

Legal Name: Louisiana State University and A&M College

Department: Office of Sponsored Programs

State: LA: Louisiana

Street1: 202 Himes Hall

Street2:

City: Baton Rouge

County / Parish:

Country: USA: UNITED STATES

ZIP / Postal Code: 708030001

Person to be contacted on matters involving this application

Prefix: Mrs.

First Name: Darya

Middle Name:

Last Name: Courville

Suffix:

Position/Title: Executive Director, Sponsored Programs

State: USA: UNITED STATES

Street1: 202 Himes Hall

Street2:

City: Baton Rouge

County / Parish:

Country: USA: UNITED STATES

ZIP / Postal Code: 708030001

Phone Number: 225-578-2760

Fax Number: 225-578-2751

Email: osp@lsu.edu

Generates eRA Commons error.

6. EMPLOYER IDENTIFICATION (EIN) or (TIN):

1726000848A1

Generates eRA Commons error.

Unique to NIH. Generates eRA Commons error.

7. TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Education

Other (Specify):

Small Business Organization Type ☐ Women Owned ☐ Socially and Economically Disadvantaged

8. TYPE OF APPLICATION:

☑ New ☑ Resubmission

☑ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).

A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration ☐ D. Decrease Duration

E. Other (specify):

Is this application being submitted to other agencies?

Yes ☐ No ☑ What other Agencies?

9. NAME OF FEDERAL AGENCY:

National Institutes of Health

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

This is the official title of the proposal (Limited to 200 characters including spaces and punctuation)

12. PROPOSED PROJECT:

Start Date: 07/01/2017

Ending Date: 06/30/2020

13. CONGRESSIONAL DISTRICT OF APPLICANT:

LA-006

Make sure dates match the budget pages.
14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: Dr. First Name: PI First Name Middle Name: 
Last Name: PI Last Name Suffix: 
Position/Title: PI Title 
Organization Name: Louisiana State University and A&M College 
Department: Division: 
Street1: PI Address 
Street2: 
City: Baton Rouge County / Parish: 
State: LA: Louisiana Province: 
Country: USA: UNITED STATES ZIP / Postal Code: 708030001 
Phone Number: PI phone number Fax Number: PI fax number 
Email: PI_email@lsu.edu

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested 400,000.00 
b. Total Non-Federal Funds 0.00 
c. Total Federal & Non-Federal Funds 400,000.00 
d. Estimated Program Income 0.00 

Total funds should match Total Direct and Indirect Costs on cumulative budget.

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES
b. NO

See FOA requirements. If not applicable, answer “Program is Not Covered...” If applicable, answer “Program has not been selected...” 

17. 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.

18. SFLLL (Disclosure of Lobbying Activities) or other Explanatory Documentation

19. Authorized Representative

Prefix: Mrs. First Name: Darya Middle Name: 
Last Name: Courville Suffix: 
Position/Title: Executive Director, Sponsored Programs 
Organization: Louisiana State University and A&M College 
Department: Office of Sponsored Programs Division: 
Street1: 202 Himes Hall 
Street2: 
City: Baton Rouge County / Parish: 
State: LA: Louisiana Province: 
Country: USA: UNITED STATES ZIP / Postal Code: 708030001 
Phone Number: 225-578-2760 Fax Number: 225-578-2751 
Email: osp@lsu.edu

Signature of Authorized Representative

Completed on submission to Grants.gov Date Signed

20. Pre-application

21. Cover Letter Attachment

Required for some FOAs. Use new optional PHS Assignment Request Form to request assignment to a particular institute and/or Study Section, provide reviewer conflicts or interest, etc.
## 1. Human Subjects Section

Clinical Trial?  
- [ ] Yes  
- [ ] No

*Agency-Defined Phase III Clinical Trial?*  
- [ ] Yes  
- [ ] No

*Must answer if Human Subjects are involved. Will generate eRA Commons error.*

## 2. Vertebrate Animals Section

Are vertebrate animals euthanized?  
- [ ] Yes  
- [ ] No

If "Yes" to euthanasia  
- [ ] Yes  
- [ ] No

*Must answer if Animal Research is involved. Will generate eRA Commons error.*

If "No" to AVMA guidelines, describe method and provide scientific justification

## 3. *Program Income Section

*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.

<table>
<thead>
<tr>
<th>Budget Period</th>
<th>Anticipated Amount ($)</th>
<th>Source(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## 4. Human Embryonic Stem Cells Section

*Does the proposed project involve human embryonic stem cells?*  
- [ ] Yes  
- [ ] No

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/research/registry/. 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:

- [ ] Specific stem cell line cannot be referenced at this time. One from the registry will be used.

**Cell Line(s) (Example: 0004):**

- [ ] 0004
### 5. Inventions and Patents Section (RENEWAL)

*Inventions and Patents:  
Yes [ ]  No [ ]

If "Yes" then answer the following:

*Previously Reported:  
Yes [ ]  No [ ]

### 6. Change of Investigator / Change of Institution Section

- [ ] Change of Project Director / Principal Investigator

  Name of former Project Director/Principal Investigator:

  Prefix:  

  *First Name:  

  Middle Name:  

  *Last Name:  

  Suffix:  

- [ ] Change of Grantee Institution

  *Name of former institution:
1. Are Human Subjects Involved?  
   1.a. If YES to Human Subjects
      Is the Project Exempt from Federal regulations?  
      □ Yes  □ No  
      If yes, check appropriate exemption number.
      If no, is the IRB review Pending?  
      □ Yes  □ No  
      IRB Approval Date:  
      Human Subject Assurance Number: 00003892
   
2. Are Vertebrate Animals Used?  
   2.a. If YES to Vertebrate Animals
      Is the IACUC review Pending?  
      □ Yes  □ No  
      IACUC Approval Date:  
      Animal Welfare Assurance Number: 03612-01
   
3. Is proprietary/privileged information included in the application?  
   □ Yes  □ No  
   If yes, refer to instructions on how to label proprietary information.
   
4. a. Does this Project Have an Actual or Potential Impact - positive or negative - on the environment?  
   □ Yes  □ No  
   if exemption is “yes” must check exemption # box 6
   
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  
   Will generate eRA Commons error if #2 is checked “yes” and this is blank.
   
4. d. If yes, please explain:  
   
5. Is the research performance site designated, or eligible to be designated, as a historic place?  
   □ Yes  □ No  
   
5. a. If yes, please explain:  
   
6. Does this project involve activities outside of the United States or partnerships with international collaborators?  
   □ Yes  □ No  
   
6. a. If yes, identify countries:  
   
6. b. Optional Explanation:  
   Limited to 30 lines of text. Will generate eRA Commons error.
   Limited to 2-3 sentences. Will generate eRA Commons error.
   
7. Project Summary/Abstract
   Project_Summary.pdf  
   Add Attachment  Delete Attachment  View Attachment

8. Project Narrative
   Public_HEALTH_Relevance.pdf  
   Add Attachment  Delete Attachment  View Attachment

9. Bibliography & References Cited
   Literature_Cited.pdf  
   Add Attachment  Delete Attachment  View Attachment

10. Facilities & Other Resources
    Resources_Environment.pdf  
    Add Attachment  Delete Attachment  View Attachment

11. Equipment
    Equipment_Available.pdf  
    Add Attachment  Delete Attachment  View Attachment

12. Other Attachments
    Add Attachments  Delete Attachments  View Attachments

All attachments must be in PDF. Use one space (not two or more) between words or characters. Avoid use of ampersand (&) in file name. File name should be 50 characters or less.
### Project/Performance Site Primary Location

- **Organization Name:** Louisiana State University and A&M College
- **DUNS Number:** 0750507650000
- **Street1:** PI address
- **City:** Baton Rouge
- **State:** LA: Louisiana
- **ZIP / Postal Code:** 708030001
- **Project/Performance Site Congressional District:** LA-006

### Project/Performance Site Location 1

- **Organization Name:** Subrecipient organization name
- **DUNS Number:** 0000000000000
- **Street1:** Subrecipient address
- **City:** Subrecipient city
- **State:** LA: Louisiana
- **ZIP / Postal Code:** 0000000000
- **Project/Performance Site Congressional District:** LA-006

### Additional Location(s)

<table>
<thead>
<tr>
<th>Location</th>
<th>Add Attachment</th>
<th>Delete Attachment</th>
<th>View Attachment</th>
</tr>
</thead>
</table>
RESEARCH & RELATED Senior/Key Person Profile (Expanded)

**PROFILE - Project Director/Principal Investigator**

Prefix: Dr.  * First Name: PI First Name  Middle Name:  
* Last Name: PI Last Name  Suffix:  
Position/Title: PI Title  Department:  
Organization Name: Louisiana State University and A&M College  Division:  
Street1: PI Address  Street2:  
City: Baton Rouge  County/Parish:  
State: LA: Louisiana  Province:  
Country: USA: UNITED STATES  * Zip / Postal Code: 708030001  
Phone Number: PI phone number  Fax Number: PI fax number  
E-Mail: PI_email@lsu.edu  
Credential, e.g., agency login: PI Username  
* Project Role: PD/PI  Other Project Role Category:  
Degree Type:  Degree Year:  
* Attach Biographical Sketch  Biosketch.pdf  
* Attach Current & Pending Support  

**PROFILE - Senior/Key Person 1**

Prefix: Dr.  * First Name: Co-I first name  Middle Name:  
* Last Name: Co-I last name  Suffix:  
Position/Title: Co-I title  Department:  
Organization Name: Louisiana State University and A&M College  Division:  
Street1: Co-I address  Street2:  
City: Baton Rouge  County/Parish:  
State: LA: Louisiana  Province:  
Country: USA: UNITED STATES  * Zip / Postal Code: 708030001  
Phone Number: Co-I phone number  Fax Number: Co-I fax number  
E-Mail: co_i@lsu.edu  
Credential, e.g., agency login:  
* Project Role: Co-Investigator  Other Project Role Category:  
Degree Type:  Degree Year:  
* Attach Biographical Sketch  Biosketch.pdf  
* Attach Current & Pending Support  

To ensure proper performance of this form, after adding 20 additional Senior/Key Persons, please save your application, close the Adobe Reader, and reopen it.
<table>
<thead>
<tr>
<th>Introduction</th>
<th>1. Introduction to Application (Resubmission and Revision)</th>
<th>Add Attachment</th>
<th>Delete Attachment</th>
<th>View Attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Research Plan Section</td>
<td>2. Specific Aims</td>
<td>Specific_Aims.pdf</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
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<tr>
<td></td>
<td>4. Progress Report Publication List</td>
<td>[ ]</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
</tr>
<tr>
<td>Human Subjects Section</td>
<td>5. Protection of Human Subjects</td>
<td>HS1.pdf</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
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<tr>
<td></td>
<td>6. Data Safety Monitoring Plan</td>
<td>[ ]</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
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<td></td>
<td>7. Inclusion of Women and Minorities</td>
<td>HS2.pdf</td>
<td>Add Attachment</td>
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<td></td>
<td>8. Inclusion of Children</td>
<td>HS3.pdf</td>
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<tr>
<td>Other Research Plan Section</td>
<td>9. Vertebrate Animals</td>
<td>Vertebrate_Animals.pdf</td>
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<td></td>
<td>10. Select Agent Research</td>
<td>[ ]</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
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<td></td>
<td>11. Multiple PD/PI Leadership Plan</td>
<td>Leadership_Plan.pdf</td>
<td>Add Attachment</td>
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<tr>
<td></td>
<td>12. Consortium/Contractual Arrangements</td>
<td>[ ]</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
</tr>
<tr>
<td></td>
<td>13. Letters of Support</td>
<td>[ ]</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
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<tr>
<td></td>
<td>14. Resource Sharing Plan(s)</td>
<td>[ ]</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
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<tr>
<td></td>
<td>15. Authentication of Key Biological and/or Chemical Resources</td>
<td>[ ]</td>
<td>Add Attachment</td>
<td>Delete Attachment</td>
</tr>
<tr>
<td>Appendix</td>
<td>16. Appendix</td>
<td>Add Attachments</td>
<td>Delete Attachments</td>
<td>View Attachments</td>
</tr>
</tbody>
</table>

All attachments must be in PDF. Use one space (not two or more) between words or characters. Avoid use of ampersand (&) in file name. File name should be 50 characters or less.
**ORGANIZATION DUNS:** 0750507650000

**Enter name of Organization:** Louisiana State University and A&M College

**Budget Type:**  
- [x] Project  
- [ ] Subaward/Consortium

**Budget Period:** 1  
**Start Date:** 07/01/2017  
**End Date:** 06/30/2018

**OMB Number:** 4040-0001  
**Expiration Date:** 6/30/2016

---

### A. Senior/Key Person

<table>
<thead>
<tr>
<th>Prefix</th>
<th>First</th>
<th>Middle</th>
<th>Last</th>
<th>Suffix</th>
<th>Base Salary ($)</th>
<th>Months</th>
<th>Cal.</th>
<th>Acad.</th>
<th>Sum.</th>
<th>Requested Salary ($)</th>
<th>Fringe Benefits ($)</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr.</td>
<td>PI First Name</td>
<td>PI Last Name</td>
<td>90,000.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
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<td>20,000.00</td>
<td>8,400.00</td>
<td>28,400.00</td>
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<td>Dr.</td>
<td>Co-I First Name</td>
<td>Co-I Last Name</td>
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<td>5,680.00</td>
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</table>

**Project Role:**  
- PD/PI

**Add Additional Key Person**

**Add Additional Other Personnel**

**Total Senior/Key Person** 34,080.00

---

### B. Other Personnel

<table>
<thead>
<tr>
<th>Number of Personnel</th>
<th>Project Role</th>
<th>Months</th>
<th>Cal.</th>
<th>Acad.</th>
<th>Sum.</th>
<th>Requested Salary ($)</th>
<th>Fringe Benefits ($)</th>
<th>Funds Requested ($)</th>
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<tr>
<td>2</td>
<td>Post Doctoral Associates</td>
<td>12.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>35,000.00</td>
<td>14,700.00</td>
<td>49,700.00</td>
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<td>2</td>
<td>Graduate Students</td>
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<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>40,000.00</td>
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<td></td>
<td></td>
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</tr>
</tbody>
</table>

**Total Other Personnel** 89,700.00

**Total Salary, Wages and Fringe Benefits (A+B)** 123,780.00

---

**To be used when Direct Costs less Consortium F&A are >$250k in any year**

(or if required by FOA)

Make sure dates match SF 424 (R&R)
### C. Equipment Description

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

<table>
<thead>
<tr>
<th>Equipment item</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equipment name</td>
<td>10,000.00</td>
</tr>
</tbody>
</table>

Additional Equipment:

- Total funds requested for all equipment listed in the attached file

#### Total Equipment: 10,000.00

### D. Travel

1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)

   - Funds Requested ($): 2,000.00

2. Foreign Travel Costs

   - Funds Requested ($): 2,000.00

Total Travel Cost: 4,000.00

### 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

Unless specifically stated in the FOA, NIH applicants should leave blank.
### F. Other Direct Costs

<table>
<thead>
<tr>
<th>Item</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Materials and Supplies</td>
<td>8,000.00</td>
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<tr>
<td>2. Publication Costs</td>
<td>1,000.00</td>
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<td>3. Consultant Services</td>
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<tr>
<td>4. ADP/Computer Services</td>
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<tr>
<td>5. Subawards/Consortium/Contractual Costs</td>
<td>100,000.00</td>
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<tr>
<td>6. Equipment or Facility Rental/User Fees</td>
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<td>7. Alterations and Renovations</td>
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<td>8. Tuition Remission</td>
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<td>9.</td>
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<tr>
<td>10.</td>
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</table>

**Total Other Direct Costs** 123,000.00

### G. Direct Costs

<table>
<thead>
<tr>
<th>Indirect Cost Type</th>
<th>Indirect Cost Base ($)</th>
<th>Funds Requested ($)</th>
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</thead>
<tbody>
<tr>
<td>MTDC</td>
<td>161,780.00</td>
<td>77,654.00</td>
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</tbody>
</table>

**Total Direct Costs (A thru F)** 260,780.00

### H. Indirect Costs

<table>
<thead>
<tr>
<th>Indirect Cost Type</th>
<th>Indirect Cost Rate (%)</th>
<th>Indirect Cost Base ($)</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MTDC</td>
<td>48.00</td>
<td>161,780.00</td>
<td>77,654.00</td>
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</tbody>
</table>

**Total Indirect Costs** 77,654.00

### I. Total Direct and Indirect Costs

**Total Direct and Indirect Institutional Costs (G + H)** 338,434.00

### J. Fee

<table>
<thead>
<tr>
<th>Funds Requested ($)</th>
</tr>
</thead>
</table>

**K. Budget Justification**

(Only attach one file.) Budget Justification.pdf

After completing year 1 budget and uploaded budget justification, you will click here to start year 2 budget.

Add Period

If Direct Costs less Consortium F&A are <$250k each year, then you should use the NIH Modular Budget and not this budget. Will generate eRA Commons warning.

If Direct Costs less Consortium F&A are equal to or >$500,000 in any year of the project, the PI must include prior approval from the NIH Institute in the Cover Letter attachment. NOT-OD-02-004.

Check FOA for any program specific restrictions on total requested funds.

Cognizant Federal Agency

DHHS, Arif Karam, 214-767-3261
# RESEARCH & RELATED BUDGET - Cumulative Budget

## Totals ($)

<table>
<thead>
<tr>
<th>Section A, Senior/Key Person</th>
<th>34,080.00</th>
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</thead>
<tbody>
<tr>
<td>Section B, Other Personnel</td>
<td>89,700.00</td>
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<tr>
<td>Total Number Other Personnel</td>
<td>3</td>
</tr>
<tr>
<td>Total Salary, Wages and Fringe Benefits (A+B)</td>
<td>123,780.00</td>
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<tr>
<td>Section C, Equipment</td>
<td>10,000.00</td>
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<tr>
<td>Section D, Travel</td>
<td>4,000.00</td>
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<tr>
<td>1. Domestic</td>
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<tr>
<td>2. Foreign</td>
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<tr>
<td>Section E, Participant/Trainee Support Costs</td>
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</tr>
<tr>
<td>1. Tuition/Fees/Health Insurance</td>
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<td>2. Stipends</td>
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<td>3. Travel</td>
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<td>4. Subsistence</td>
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<td>5. Other</td>
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<tr>
<td>6. Number of Participants/Trainees</td>
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<tr>
<td>Section F, Other Direct Costs</td>
<td>123,000.00</td>
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<tr>
<td>1. Materials and Supplies</td>
<td>8,000.00</td>
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<tr>
<td>2. Publication Costs</td>
<td>1,000.00</td>
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<td>3. Consultant Services</td>
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<tr>
<td>4. ADP/Computer Services</td>
<td></td>
</tr>
<tr>
<td>5. Subawards/Consortium/Contractual Costs</td>
<td>100,000.00</td>
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<tr>
<td>6. Equipment or Facility Rental/User Fees</td>
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</tr>
<tr>
<td>7. Alterations and Renovations</td>
<td></td>
</tr>
<tr>
<td>8. Other 1</td>
<td>14,000.00</td>
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<td>9. Other 2</td>
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<td>10. Other 3</td>
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<tr>
<td>Section G, Direct Costs (A thru F)</td>
<td>260,780.00</td>
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<tr>
<td>Section H, Indirect Costs</td>
<td>77,654.00</td>
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<tr>
<td>Section I, Total Direct and Indirect Costs (G + H)</td>
<td>338,434.00</td>
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<td>Section J, Fee</td>
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</table>
# PHS 398 Modular Budget

**Budget Period: 1**

<table>
<thead>
<tr>
<th>Start Date: 07/01/2017</th>
<th>End Date: 06/30/2018</th>
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</table>

## A. Direct Costs

<table>
<thead>
<tr>
<th>Funds Requested ($)</th>
<th>Direct Cost less Consortium Indirect (F&amp;A)</th>
<th>Consortium Indirect (F&amp;A)</th>
<th>Total Direct Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>250,000.00</td>
<td>22,500.00</td>
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<td>272,500.00</td>
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</table>

## B. Indirect (F&A) Costs

<table>
<thead>
<tr>
<th>Indirect (F&amp;A) Type</th>
<th>Rate (%)</th>
<th>Indirect (F&amp;A) Base ($)</th>
<th>Funds Requested ($)</th>
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<tbody>
<tr>
<td>MTDC</td>
<td>48.00</td>
<td>20,000.00</td>
<td>96,000.00</td>
</tr>
</tbody>
</table>

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

DHHS, Arif Karim, 214-767-3261

Indirect (F&A) Rate Agreement Date 03/23/2017

Total Indirect (F&A) Costs 96,000.00

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

<table>
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<th>Funds Requested ($)</th>
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<td>368,500.00</td>
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**Budget Period: 2**

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<th>Start Date: 07/01/2018</th>
<th>End Date: 06/30/2019</th>
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## A. Direct Costs

<table>
<thead>
<tr>
<th>Funds Requested ($)</th>
<th>Direct Cost less Consortium Indirect (F&amp;A)</th>
<th>Consortium Indirect (F&amp;A)</th>
<th>Total Direct Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>250,000.00</td>
<td>22,500.00</td>
<td></td>
<td>272,500.00</td>
</tr>
</tbody>
</table>

## B. Indirect (F&A) Costs

<table>
<thead>
<tr>
<th>Indirect (F&amp;A) Type</th>
<th>Rate (%)</th>
<th>Indirect (F&amp;A) Base ($)</th>
<th>Funds Requested ($)</th>
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<tbody>
<tr>
<td>MTDC</td>
<td>48.00</td>
<td>175,000.00</td>
<td>84,000.00</td>
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Cognizant Agency (Agency Name, POC Name and Phone Number)

DHHS, Arif Karim, 214-767-3261

Indirect (F&A) Rate Agreement Date 03/23/2017

Total Indirect (F&A) Costs 84,000.00

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

<table>
<thead>
<tr>
<th>Funds Requested ($)</th>
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<tbody>
<tr>
<td>356,500.00</td>
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</table>
# PHS 398 Modular Budget

## Cumulative Budget Information

### 1. Total Costs, Entire Project Period

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section A, Total Direct Cost less Consortium Indirect (F&amp;A) for Entire Project Period</td>
<td>$575,000.00</td>
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<tr>
<td>Section A, Total Consortium Indirect (F&amp;A) for Entire Project Period</td>
<td>$45,000.00</td>
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<tr>
<td>Section A, Total Direct Costs for Entire Project Period</td>
<td>$545,000.00</td>
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<tr>
<td>Section B, Total Indirect (F&amp;A) Costs for Entire Project Period</td>
<td>$180,000.00</td>
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<tr>
<td>Section C, Total Direct and Indirect (F&amp;A) Costs (A+B) for Entire Project Period</td>
<td>$725,000.00</td>
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</table>

### 2. Budget Justifications

- **Personnel Justification**: [Personnel_Justification.pdf](attachment:Personnel_Justification.pdf)
- **Consortium Justification**: [Consortium_Justification.pdf](attachment:Consortium_Justification.pdf)
- **Additional Narrative Justification**: required for budgets with subrecipients

*Only needed if the number of modules requested for each year varies.*
Awarding Component Assignment Request (optional)

If you have a preference for an Awarding Component (e.g., NIH Institute/Center) assignment, please use the link below to identify the most appropriate assignment then enter the short abbreviation (e.g., NCI for National Cancer Institute) in "Assign to/Do Not Assign To Awarding Component" sections below. Your first choice should be in column 1. All requests will be considered; however, locus of review is predetermined for some applications and assignment requests cannot always be honored.

Information about Awarding Components can be found here: https://grants.nih.gov/grants/phs_assignment_information.htm#AwardingComponents

Assign to Awarding Component:  
1  
2  
3  
Do Not Assign to Awarding Component:  

Study Section Assignment Request (optional)

If you have a preference for a study section assignment, please use the link below to identify the most appropriate study section then enter the short abbreviation for that study section in "Assign to/Do not Assign to Study Section" sections below. Your first choice should be in column 1. All requests will be considered; however, locus of review is predetermined for some applications and assignment requests cannot always be honored.

For example, you would enter “CAMP” if you wish to request assignment to the Cancer Molecular Pathobiology study section or enter “ZRG1 HDM-R” if you wish to request assignment to the Healthcare Delivery and Methodologies SBIR/STTR panel for informatics. Be careful to accurately capture all formatting (e.g., spaces, hyphens) when you type in the request.

Information about Study Sections can be found here: https://grants.nih.gov/grants/phs_assignment_information.htm#StudySection

Assign to Study Section:  
1  
2  
3  
Only 20 characters allowed

Do Not Assign to Study Section:  
1  
2  
3  
Only 20 characters allowed
PHS Assignment Request Form

List individuals who should not review your application and why (optional)

Identify scientific areas of expertise needed to review your application (optional)

Note: Please do not provide names of individuals

Expertise: Only 40 characters allowed

Only 1000 characters allowed
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 PDF document.

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

<table>
<thead>
<tr>
<th>Attachment</th>
<th>Add Attachment</th>
<th>Delete Attachment</th>
<th>View Attachment</th>
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</thead>
<tbody>
<tr>
<td>1) Please attach Attachment 1</td>
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<tr>
<td>2) Please attach Attachment 2</td>
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<td>3) Please attach Attachment 3</td>
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<td>4) Please attach Attachment 4</td>
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<td>5) Please attach Attachment 5</td>
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<td>6) Please attach Attachment 6</td>
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