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

2. DATE SUBMITTED
- [ ] Date Submitted
- [ ] Date Received by State

5. APPLICANT INFORMATION
- Legal Name: Louisiana State University and A&M College
- Street1: 202 Himes Hall
- City: Baton Rouge
- State: LA: Louisiana
- County / Parish:
- Province:
- Country: USA: UNITED STATES
- ZIP / Postal Code: 708030001
- Phone Number: 225-578-2760
- Fax Number: 225-578-2751
- Email: osp81au.edu

6. EMPLOYER IDENTIFICATION (EIN) or (TIN):
- 172600868A2

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:
- TITLE:

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: 01/01/2015
- Ending Date: 12/31/2018
- LA-006

13. CONGRESSIONAL DISTRICT OF APPLICANT:
- LA-006

Make sure dates match 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  
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]
16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
[ ] YES [ ] NO
[ ] THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:
DATE: [ ]
[ ] PROGRAM IS NOT COVERED BY E.O. 12372; OR
[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
*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.

17. By signing this application, I certify (1) to the statements contained in 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. [ ]
I agree

18. SFLLL (Disclosure of Lobbying Activities) or other Explanatory Documentation
Add Attachment Delete Attachment View Attachment

19. Authorized Representative
Prefix: [Mrs.] First Name: Darya Middle Name: [ ]
Last Name: Courville Suffix: [ ]
Position/Title: Interim 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  
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: [ ]  
Date Signed: [ ]
Completed on submission to Grants.gov

20. Pre-application
Add Attachment Delete Attachment View Attachment
Completed on submission to Grants.gov

21. Cover Letter Attachment
Add Attachment Delete Attachment View Attachment
Cover_Letter.pdf
Note: New Location for Cover Letter Required for some FOAs. Applicants are encouraged to include a cover letter to request assignment to a particular Institute or Scientific Review Group, provide reviewer conflicts of interest, etc.
APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

1. TYPE OF SUBMISSION

- Pre-application
- Application [X]  Changed/Corrected Application

2. DATE SUBMITTED

Applicant Identifier

3. DATE RECEIVED BY STATE

State Application Identifier

4. a. Federal Identifier

CA123456

b. Agency Routing Identifier

c. Previous Grants.gov Tracking ID

5. APPLICANT INFORMATION

Organizational DUNS: 075050769

Legal Name: Louisiana State University and A&M College

Department: Office of Sponsored Programs

Division:

Generates eRA Commons error.

Street1: 202 Himes Hall

Street2:

City: Baton Rouge

County / Parish:

State: LA: Louisiana

Province:

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

Position/Title: Interim Executive Director, Sponsored Programs

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: osp8@lsu.edu

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

17260008482

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 [X]

Renewal

Continuation

Revision

If Revision, mark appropriate box(es).

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration

E. Other (specify):

Generates eRA Commons error.

Is this application being submitted to other agencies? Yes [X] No

What other Agencies?

9. NAME OF FEDERAL AGENCY:

National Institutes of Health

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE:

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: 01/01/2015

Ending Date: 12/31/2018

LA-006

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

<table>
<thead>
<tr>
<th>Prefix: Dr.</th>
<th>First Name:</th>
<th>Middle Name:</th>
<th>Last Name:</th>
<th>PI last name</th>
<th>Suffix:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position/Title:</td>
<td>PI title</td>
<td>Organization Name: Louisiana State University and A&amp;M College</td>
<td>Department:</td>
<td>Division:</td>
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<tr>
<td>Street1:</td>
<td>PI address</td>
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</tr>
<tr>
<td>City: Baton Rouge</td>
<td>County / Parish:</td>
<td>State:</td>
<td>LA: Louisiana</td>
<td>Country: USA: UNITED STATES</td>
<td></td>
</tr>
<tr>
<td>ZIP / Postal Code: 708030001</td>
<td></td>
<td>Phone Number:</td>
<td>Fax Number:</td>
<td>Email: <a href="mailto:PI_email@lsu.edu">PI_email@lsu.edu</a></td>
<td></td>
</tr>
</tbody>
</table>

### 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 |

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

- a. YES
- b. NO

**X** PROGRAM IS NOT COVERED BY E.O. 12372; OR

**X** PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

---

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

#### 19. Authorized Representative

<table>
<thead>
<tr>
<th>Prefix: Mrs.</th>
<th>First Name:</th>
<th>Middle Name:</th>
<th>Last Name:</th>
<th>Courville</th>
<th>Suffix:</th>
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<tbody>
<tr>
<td>Position/Title:</td>
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<td>Organization: Louisiana State University and A&amp;M College</td>
<td>Department: Office of Sponsored Programs</td>
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<td>Country: USA: UNITED STATES</td>
<td></td>
</tr>
<tr>
<td>ZIP / Postal Code: 708030001</td>
<td></td>
<td>Phone Number: 225-578-2760</td>
<td>Fax Number: 225-578-2751</td>
<td>Email: <a href="mailto:osp@lsu.edu">osp@lsu.edu</a></td>
<td></td>
</tr>
</tbody>
</table>

**Signature of Authorized Representative**

Completed on submission to Grants.gov

**Date Signed**

Completed on submission to Grants.gov

---

### 20. Pre-application

Completed on submission to Grants.gov

---

### 21. Cover Letter Attachment

- **Cover Letter.pdf**

---

Note: New location for Cover Letter

Optional document for most on-time submission. Required for Changed? Corrected applications submitted after the deadline. Required for some FOAs.
# PHS 398 Research Plan

Please attach applicable sections of the research plan, below.

## 1. Introduction to Application
(for RESUBMISSION or REVISION only)

- [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

Limited to 1 page. Will generate eRA Commons error if more than 1 page.

## 2. Specific Aims

- [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

## 3. *Research Strategy

- [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

See FOA for page limitations. Will generate eRA Commons error if file exceeds page limit.

## 4. Progress Report Publication List

- [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

## 5. Protection of Human Subjects

- [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

Attachment #5 is required if #1 on Research & Related Other Project Information is checked “yes.”

Attachment #6-7 are required if #1 on Research & Related Other Project Information is checked “yes” and Exemption #4 does not apply. Will generate eRA Commons error if not included when required.

## 6. Inclusion of Women and Minorities

- [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

## 7. Inclusion of Children

- [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

## 8. Vertebrate Animals

- [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

Attachment #8 is required if #2 on Research & Related Other Project Information is checked “yes.” Will generate eRA Commons error.

## 9. Select Agent Research

- [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

Only required if more than one individual is listed with Project Role of PD/PI on Research & Related Senior/Key Person Profile. Will generate eRA Commons error if included for Single PI submission or if not included for multi-PI submissions. When non-LSU PI's are included, need email certification from non-LSU PI per NIH NOT-OD-06-054. We secure these certifications in SPS for LSU PI’s.

## 10. Multiple PD/PI Leadership Plan

- [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

## 11. Consortium/Contractual Arrangements

- [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

## 12. Letters of Support

- [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

## 13. Resource Sharing Plan(s)

- [Add Attachment](#) [Delete Attachment](#) [View Attachment](#)

## Appendix (if applicable)

### 14. Appendix

- [Add Attachments](#) [Remove Attachments](#) [View Attachments](#)

All attachments must be in PDF. No spaces or special characters in file name. Only use A through Z, a through z, 0 through 9, underscore (_) in file name. File names should be less than 50 characters.
1. Project Director / Principal Investigator (PD/PI)

Prefix: Dr.

*First Name: PI first name

Middle Name: 

*Last Name: PI last name

Suffix: 

2. Human Subjects

Clinical Trial?

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
</tr>
</thead>
</table>

*Agency-Defined Phase III Clinical Trial?

<table>
<thead>
<tr>
<th>No</th>
<th>Yes</th>
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</thead>
</table>

3. *Disclosure Permission Statement

If this application does not result in an award, is the Government permitted to disclose the title of your proposed project, and the name, address, telephone number and e-mail address of the official signing for the applicant organization, to organizations that may be interested in contacting you for further information (e.g., possible collaborations, investment)?

☐ 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 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>
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</tbody>
</table>
5. Human Embryonic Stem Cells

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

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:

**Cell Line(s):**  [ ] Specific stem cell line cannot be referenced at this time. One from the registry will be used.

<table>
<thead>
<tr>
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</tbody>
</table>

6. 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

7. 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:
### RESEARCH & RELATED Senior/Key Person Profile (Expanded)

#### PROFILE - Project Director/Principal Investigator

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
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</thead>
<tbody>
<tr>
<td>Prefix:</td>
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</tr>
<tr>
<td>* First Name:</td>
<td>PI first name</td>
</tr>
<tr>
<td>Middle Name:</td>
<td></td>
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<tr>
<td>* Last Name:</td>
<td>PI last name</td>
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<tr>
<td>Position/Title:</td>
<td>PI title</td>
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<td>Organization Name:</td>
<td>Louisiana State University and A&amp;M College</td>
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<tr>
<td>* Street1:</td>
<td>PI address</td>
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<tr>
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<td>* City:</td>
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<td>County/Parish:</td>
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<td>PI phone number</td>
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<tr>
<td>Fax Number:</td>
<td>PI fax number</td>
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<tr>
<td>E-Mail:</td>
<td><a href="mailto:PI_email@lsu.edu">PI_email@lsu.edu</a></td>
</tr>
<tr>
<td>Credential, e.g., agency login:</td>
<td>PIUSERNAME</td>
</tr>
<tr>
<td>* Project Role:</td>
<td>PD/PI</td>
</tr>
<tr>
<td>Degree Type:</td>
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<td>Degree Year:</td>
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<tr>
<td>* Attach Biographical Sketch:</td>
<td>Biosketch.pdf</td>
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<tr>
<td>Attach Current &amp; Pending Support:</td>
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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.

#### PROFILE - Senior/Key Person 1

<table>
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<th>Field</th>
<th>Value</th>
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<td>Dr.</td>
</tr>
<tr>
<td>* First Name:</td>
<td>Co-I first name</td>
</tr>
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<td>Middle Name:</td>
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<td>Position/Title:</td>
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<tr>
<td>Organization Name:</td>
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</tr>
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<td>* Street1:</td>
<td>Co-I address</td>
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<td>Attach Current &amp; Pending Support:</td>
<td></td>
</tr>
</tbody>
</table>

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.
1. Are Human Subjects Involved?  
   1.a. If YES to Human Subjects  
      Is the Project Exempt from Federal regulations?  
      If yes, check appropriate exemption number.  
      If no, is the IRB review Pending?  
         IRB Approval Date:  
         Human Subject Assurance Number: 00003892  
      If Exemption is "yes", must check exemption # box.  
      If IRB review Pending is "no" then you must enter IRB approval date and Human Subject Assurance #. If IRB review Pending is "yes" then you must enter Human Subject Assurance #. Will generate eRA Commons error if not completed.  

2. Are Vertebrate Animals Used?  
   2.a. If YES to Vertebrate Animals  
      Is the IACUC review Pending?  
      IACUC Approval Date:  
      Animal Welfare Assurance Number: A3612=91  
      Will generate eRA Commons error if # is checked "yes" and this is blank.  

3. Is proprietary/privileged information included in the application?  
   4.a. Does this Project Have an Actual or Potential Impact - positive or negative - on the environment?  
   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. Is the research performance site designated, or eligible to be designated, as a historic place?  
   5.a. If yes, please explain:  

6. Does this project involve activities outside of the United States or partnerships with international collaborators?  
   6.a. If yes, identify countries:  
   6.b. Optional Explanation:  

7. Project Summary/Abstract  
   Project_Summary.pdf  

8. Project Narrative  
   Public_Health_Relevance.pdf  

9. Bibliography & References Cited  
   Literature_Cited.pdf  

10. Facilities & Other Resources  
    Resources_Environment.pdf  

11. Equipment  
    Equipment_Available.pdf  

12. Other Attachments  
   Add Attachments  
   Delete Attachments  
   View Attachments  

Include attachment for Authentication of Key Biological and/or Chemical Resources (1 page) if used in proposed study. Name attachment "Authentication of Key Resources Plan."  
All attachments must be in PDF. No spaces or special characters in file name. Only use A through Z, a through z, 0 through 9, underscore (_) in file name. File names should be less than 50 characters.
Project/Performance Site Primary Location

I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: Louisiana State University and A&M College

DUNS Number: 0750507650000

* Street1: PI address

* City: Baton Rouge

* State: LA: Louisiana

* Country: USA: UNITED STATES

* ZIP / Postal Code: 708030001

* Project/Performance Site Congressional District: LA-006

Project/Performance Site Location

I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name: Subcontractor organization name

DUNS Number: 0000000000000

* Street1: Subcontractor address

* City: Subcontractor city

* State: LA: Louisiana

* Country: USA: UNITED STATES

* ZIP / Postal Code: 000000000

* Project/Performance Site Congressional District: LA-006

Additional Location(s)
# PHS 398 Modular Budget

**Budget Period: 1**

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## A. Direct Costs

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## B. Indirect Costs

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<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>200,000.00</td>
<td>96,000.00</td>
</tr>
</tbody>
</table>

<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>
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</tbody>
</table>

Cognizant Agency (Agency Name, POC Name and Phone Number): DHHS, Arif Karim, 214-767-3261

Indirect Cost Rate Agreement Date: 05/11/2015

Total Indirect Costs: 96,000.00

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

<table>
<thead>
<tr>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>368,500.00</td>
</tr>
</tbody>
</table>

---

# Budget Period: 2

## A. Direct Costs

<table>
<thead>
<tr>
<th>Funds Requested ($)</th>
<th>Direct Cost less Consortium F&amp;A</th>
<th>Consortium 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 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>175,000.00</td>
<td>84,000.00</td>
</tr>
</tbody>
</table>

<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></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

Cognizant Agency (Agency Name, POC Name and Phone Number): DHHS, Arif Karim, 214-767-3261

Indirect Cost Rate Agreement Date: 05/11/2015

Total Indirect Costs: 84,000.00

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

<table>
<thead>
<tr>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>356,500.00</td>
</tr>
</tbody>
</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 F&amp;A for Entire Project Period</td>
<td>$500,000.00</td>
</tr>
<tr>
<td>Section A, Total Consortium F&amp;A for Entire Project Period</td>
<td>$45,000.00</td>
</tr>
<tr>
<td>Section A, Total Direct Costs for Entire Project Period</td>
<td>$545,000.00</td>
</tr>
<tr>
<td>Section B, Total Indirect Costs for Entire Project Period</td>
<td>$180,000.00</td>
</tr>
<tr>
<td>Section C, Total Direct and Indirect Costs (A+B) for Entire Project Period</td>
<td>$725,000.00</td>
</tr>
</tbody>
</table>

### 2. Budget Justifications

- **Personnel Justification**: 
  - [Personnel_Jusitification.pdf](#)
  - [Add Attachment](#) / [Delete Attachment](#) / [View Attachment](#)

- **Consortium Justification**: 
  - [Consortium_Justification.pdf](#)
  - [Add Attachment](#) / [Delete Attachment](#) / [View Attachment](#)

- **Additional Narrative Justification**: 
  - [Add Attachment](#) / [Delete Attachment](#) / [View Attachment](#)

*Only needed if number of modules requested for each year varies.*

*Required for budgets with subawards.*
**RESEARCH & RELATED BUDGET - Budget Period 1**

**ORGANIZATIONAL DUNS:** 0750507650000

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

**Budget Type:** ✓ Project  ☐ Subaward/Consortium

**Budget Period:** 1  **Start Date:** 01/01/2015  **End Date:** 12/31/2015

### A. Senior/Key Person

<table>
<thead>
<tr>
<th>Prefix</th>
<th>First Name</th>
<th>Middle</th>
<th>Last Name</th>
<th>Suffix</th>
<th>Base Salary ($)</th>
<th>Cal. Acad. Sum.</th>
<th>Requested Salary ($)</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></td>
<td></td>
<td>90,000.00</td>
<td>0.00 0.00 2.00</td>
<td>20,000.00</td>
<td>8,400.00</td>
<td>28,400.00</td>
</tr>
<tr>
<td></td>
<td>Co-I first name</td>
<td>Co-I last name</td>
<td></td>
<td></td>
<td>72,000.00</td>
<td>0.00 0.00 0.50</td>
<td>4,000.00</td>
<td>1,680.00</td>
<td>5,680.00</td>
</tr>
</tbody>
</table>

**Project Role:** PD/PI

**Project Role:** Co-Investigator

**Additional Senior Key Persons:**

**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>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Post Doctoral Associates</td>
<td></td>
<td>12.00</td>
<td>0.00</td>
<td>0.00</td>
<td>35,000.00</td>
<td>14,700.00</td>
<td>49,700.00</td>
</tr>
<tr>
<td>2</td>
<td>Graduate Students</td>
<td></td>
<td>12.00</td>
<td>0.00</td>
<td>0.00</td>
<td>40,000.00</td>
<td></td>
<td>40,000.00</td>
</tr>
<tr>
<td>3</td>
<td>Undergraduate Students</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Secretarial/Clerical</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Add Additional Other Personnel**

**Total Number Other Personnel:** 3

**Total Other Personnel:** 89,700.00

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

Add Additional Equipment: [Add Attachment] [Delete Attachment] [View Attachment]

Additional Equipment: ___________

Total funds requested for all equipment listed in the attached file: ___________

Total Equipment: ___________

### D. Travel

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

2. Foreign Travel Costs ___________

Total Travel Cost ___________

### E. Participant/Trainee Support Costs

1. Tuition/Fees/Health Insurance ___________

2. Stipends ___________

3. Travel ___________

4. Subsistence ___________

5. Other ___________

<table>
<thead>
<tr>
<th>Number of Participants/Trainees</th>
<th>Total Participant/Trainee Support Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### F. Other Direct Costs

<table>
<thead>
<tr>
<th>Description</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Materials and Supplies</td>
<td>8,000.00</td>
</tr>
<tr>
<td>2. Publication Costs</td>
<td>1,000.00</td>
</tr>
<tr>
<td>3. Consultant Services</td>
<td>100,000.00</td>
</tr>
<tr>
<td>4. ADP/Computer Services</td>
<td></td>
</tr>
<tr>
<td>5. Subawards/Consortium/Contractual Costs</td>
<td></td>
</tr>
<tr>
<td>6. Equipment or Facility Rental/User Fees</td>
<td></td>
</tr>
<tr>
<td>7. Alterations and Renovations</td>
<td></td>
</tr>
<tr>
<td>8. Tuition Remission</td>
<td>14,000.00</td>
</tr>
<tr>
<td>9.</td>
<td></td>
</tr>
<tr>
<td>10.</td>
<td></td>
</tr>
<tr>
<td><strong>Total Other Direct Costs</strong></td>
<td><strong>123,000.00</strong></td>
</tr>
</tbody>
</table>

### G. Direct Costs

<table>
<thead>
<tr>
<th>Description</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Direct Costs (A thru F)</td>
<td>260,780.00</td>
</tr>
</tbody>
</table>

### 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>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cognizant Federal Agency</th>
<th>Budget Justification.pdf</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Agency Name, POC Name, and POC Phone Number)</td>
<td>Add Attachment Delete Attachment View Attachment</td>
</tr>
</tbody>
</table>

**Total Indirect Costs**: 77,654.00

### I. Total Direct and Indirect Costs

<table>
<thead>
<tr>
<th>Description</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Direct and Indirect Institutional Costs (G + H)</td>
<td>338,434.00</td>
</tr>
</tbody>
</table>

### J. Fee

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

### K. Budget Justification

(Only attach one file.)

<table>
<thead>
<tr>
<th>Description</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Budget Justification.pdf</td>
<td></td>
</tr>
</tbody>
</table>

**Add Period**