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 last name_LSU number

Select Forms to Complete

Mandatory

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

Optional

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

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
   - Agency Routing Identifier
   - Previous Grants.gov Tracking ID

5. APPLICANT INFORMATION
   - Legal Name: Louisiana State University and A&M College
   - Department: Office of Sponsored Programs
   - Street1: 202 Himes Hall
   - City: Baton Rouge
   - State: LA: Louisiana
   - Country: USA: UNITED STATES
   - County / Parish:
   - Prefix:
   - Street2:
   - City:
   - State:
   - Country:
   - Zip / Postal Code:
   - Prefix:
   - Street2:
   - City:
   - State:
   - Country:
   - Zip / Postal Code:
   - Prefix:
   - Street2:
   - City:
   - State:
   - Country:
   - Zip / Postal Code:

Person to be contacted on matters involving this application
   - Prefix: Mrs.
   - First Name: Winona
   - Last Name: Ward
   - Position/Title: Executive Director, Sponsored Programs
   - Street1: 202 Himes Hall
   - City: Baton Rouge
   - State: LA: Louisiana
   - Country: USA: UNITED STATES
   - Zip / Postal Code:

Phone Number: 225-578-2760
Fax Number: 225-578-2751
Email: osp@lsu.edu

6. EMPLOYER IDENTIFICATION (EIN) or (TIN):
   - 1726000848A

7. TYPE OF APPLICANT:
   - H: Public/State Controlled Institution of Higher Education

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

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

13. CONGRESSIONAL DISTRICT OF APPLICANT
   - LA-006

Make sure dates match budget pages.
15. ESTIMATED PROJECT FUNDING

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>a. Total Federal Funds Requested</td>
<td>400,000.00</td>
</tr>
<tr>
<td>b. Total Non-Federal Funds</td>
<td>0.00</td>
</tr>
<tr>
<td>c. Total Federal &amp; Non-Federal Funds</td>
<td>400,000.00</td>
</tr>
<tr>
<td>d. Estimated Program Income</td>
<td>0.00</td>
</tr>
</tbody>
</table>

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

- a. YES
- b. NO

[ ] PROGRAM IS NOT COVERED BY E.O. 12372; OR
[ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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: Winona
Middle Name: 
Last Name: Ward
Position/Title: Executive Director, Sponsored Programs
Organization: Louisiana State University and A&M College
Department: Office of 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: osp@lsu.edu

Signature of Authorized Representative: 
Date Signed: 
Completed on submission to Grants.gov

20. Pre-application

21. Cover Letter Attachment

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.
APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

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

2. DATE SUBMITTED
   - Applicant Identifier

3. DATE RECEIVED BY STATE

4. a. Federal Identifier
   - CA123456
   - b. Agency Routing Identifier
   - c. Previous Grants.gov Tracking ID

5. APPLICANT INFORMATION
   - Organizational DUNS: 0235050763
   - Legal Name: 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
   - Person to be contacted on matters involving this application:
     - Prefix: Mrs.
     - First Name: Winona
     - Last Name: Ward
     - Position/Title: 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: osp@lsu.edu

6. EMPLOYER IDENTIFICATION (EIN) or (TIN):
   - 1726000848A2

7. TYPE OF APPLICANT:
   - H: Public/State Controlled Institution of Higher Education

8. TYPE OF APPLICATION:
   - [x] Resubmission
   - A. Increase Award
   - B. Decrease Award
   - C. Increase Duration
   - D. Decrease Duration
   - E. Other (specify):

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
    - CONGRESSIONAL DISTRICT OF APPLICANT: LA-006

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

Prefix: Dr.  First Name:  Last Name:  Dr. PI first name  PI last name
Middle Name:  Suffix:  
Position/Title:  PI title
Organization Name: Louisiana State University and A&M College
Department:  Division:  
Street1:  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

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

a. YES  □  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

b. NO  X  

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

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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  Completed on submission to Grants.gov

20. Pre-application

21. Cover Letter Attachment

Cover Letter.pdf

Note: New location for Cover Letter

Optional document for most on-line submission. Required for Changed/Corrections. 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)

## 2. Specific Aims

## 3. Research Strategy

## 4. Progress Report Publication List

## 5. Protection of Human Subjects

## 6. Inclusion of Women and Minorities

## 7. Inclusion of Children

## 8. Vertebrate Animals

## 9. Select Agent Research

## 10. Multiple PD/PI Leadership Plan

## 11. Consortium/Contractual Arrangements

## 12. Letters of Support

## 13. Resource Sharing Plan(s)

## Appendix (if applicable)

### 14. Appendix

---

**See NIH guidelines for new Research Plan requirements which include restructuring the research plan and new page limits.**

**Required for Resubmission applications only. Will generate eRA Commons error if not included.**

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

---

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

**Attachment #6 is required if #2 on Research & Related Other Project Information is checked "yes."**

**Attachment #8 is required if #2 on Research & Related Other Project Information is checked "yes."**

**Attachment #6 is required if #2 on Research & Related Other Project Information is checked "yes." Will generate eRA Commons error.**

**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 PIs 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.**

---

**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.**

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**Add Attachment** | **Delete Attachment** | **View Attachment**
---|---|---

**Add Attachment** | **Delete Attachment** | **View Attachment**

**Add Attachment** | **Delete Attachment** | **View Attachment**

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**Add Attachment** | **Delete Attachment** | **View Attachment**

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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?  

☐ No  ☐ Yes  

*Agency-Defined Phase III Clinical Trial?  

☐ No  ☐ Yes  

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  

At the discretion of the PI.

4. *Program Income

*Is program income anticipated during the periods for which the grant support is requested?  

☐ Yes  ☒ No  

If you checked "yes" above (indicating that program income is anticipated), then use the format below to reflect the amount and source(s). Otherwise, leave this section blank.

*Budget Period  *Anticipated Amount ($)  *Source(s)
5. 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>
<th>Cell Line Number</th>
<th>Registration Number</th>
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</tr>
</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>Prefix:</th>
<th>*First Name:</th>
<th>Middle Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>*Last Name:</td>
<td>PI last name</td>
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<td>Position/Title:</td>
<td>PI title</td>
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<tr>
<td>Organization Name:</td>
<td>Louisiana State University and A&amp;M College</td>
<td>Division:</td>
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<tr>
<td>*Street1:</td>
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<tr>
<td>Street2:</td>
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<td>Province:</td>
</tr>
<tr>
<td>Country:</td>
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<td>*Zip / Postal Code: 70803-0001</td>
</tr>
<tr>
<td>*Phone Number:</td>
<td>PI phone number</td>
<td>Fax Number: PI fax number</td>
</tr>
<tr>
<td>*E-Mail:</td>
<td><a href="mailto:PI_email@lsu.edu">PI_email@lsu.edu</a></td>
<td></td>
</tr>
<tr>
<td>Credential, e.g., agency login:</td>
<td>PI_USERNAME</td>
<td>PI eRA Commons user name is required and is case sensitive. Generates eRA Commons error.</td>
</tr>
<tr>
<td>*Project Role:</td>
<td>PD/PI</td>
<td>Other Project Role Category:</td>
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<tr>
<td>Degree Type:</td>
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<td></td>
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<tr>
<td>Degree Year:</td>
<td></td>
<td>If the degree does not match the PI's eRA Commons personal profile, then an eRA Commons warning will appear.</td>
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### PROFILE - Senior/Key Person 1

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<td>Co-I last name</td>
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<tr>
<td>Position/Title:</td>
<td>Co-I title</td>
<td>Department:</td>
</tr>
<tr>
<td>Organization Name:</td>
<td>Louisiana State University and A&amp;M College</td>
<td>Division:</td>
</tr>
<tr>
<td>*Street1:</td>
<td>Co-I address</td>
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<tr>
<td>Street2:</td>
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</tr>
<tr>
<td>*City:</td>
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<td>County/Parish:</td>
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<td>LA: Louisiana</td>
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<td>*Zip / Postal Code: 70803-0001</td>
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<tr>
<td>*Phone Number:</td>
<td>Co-I phone number</td>
<td>Fax Number: Co-I fax number</td>
</tr>
<tr>
<td>*E-Mail:</td>
<td><a href="mailto:co-i@lsu.edu">co-i@lsu.edu</a></td>
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<td>Credential, e.g., agency login:</td>
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<td>Co-Investigator</td>
<td>Other Project Role Category:</td>
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<tr>
<td>Degree Year:</td>
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<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?  
        - 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: A3612=01

3. Is proprietary/privileged information included in the application?  
   - Yes  
   - No

4. a. Does this Project Have an Actual or Potential Impact - positive or negative - on the environment?  
   - Yes  
   - No
   b. If yes, please explain:
   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
   d. If yes, please explain:

5. Is the research performance site designated, or eligible to be designated, as a historic place?  
   - Yes  
   - No
   a. If yes, please explain:
   b. Optional Explanation:

6. Does this project involve activities outside of the United States or partnerships with international collaborators?  
   - Yes  
   - No
   a. If yes, identify countries:
   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
Project/Performance Site Location(s)

**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

**Additional Location(s)**

**Subcontractor organization name**

**Subcontractor 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

Do not check. Will generate eRA Commons error.
### A. Direct Costs

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<th>Funds Requested ($)</th>
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<tbody>
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<td>250,000.00</td>
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<tr>
<td>Consortium F&amp;A</td>
<td>22,500.00</td>
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<tr>
<td>Total Direct Costs</td>
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### B. Indirect Costs

<table>
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<th>Indirect Cost Rate (%)</th>
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<td>2.</td>
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<td>4.</td>
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#### 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

Total Indirect Costs: 96,000.00

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

Funds Requested ($) 368,500.00

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### Budget Period: 2

<table>
<thead>
<tr>
<th></th>
<th>Funds Requested ($)</th>
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<tbody>
<tr>
<td>Direct Cost less Consortium F&amp;A</td>
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</tr>
<tr>
<td>Consortium F&amp;A</td>
<td>22,500.00</td>
</tr>
<tr>
<td>Total Direct Costs</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>1. MTDC</td>
<td>48.00</td>
<td>175,000.00</td>
<td>84,000.00</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<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

Total Indirect Costs: 84,000.00

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

Funds Requested ($) 356,500.00
# PHS 398 Modular Budget

## Cumulative Budget Information

### 1. Total Costs, Entire Project Period

<table>
<thead>
<tr>
<th>Section</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section A, Total Direct Cost less Consortium F&amp;A for Entire Project</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</td>
<td>725,000.00</td>
</tr>
</tbody>
</table>

### 2. Budget Justifications

- **Personnel Justification**: [Personnel_Jusitification.pdf](add_attachment)
- **Consortium Justification**: [Consortium_Justification.pdf](add_attachment)
- **Additional Narrative Justification**: [Add Attachment](add_attachment)

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

*Required for budgets with subawards.*
**To be used for NIH Detailed Budgets**

**RESEARCH & RELATED BUDGET - Budget Period 1**

**ORGANIZATIONAL DUNS:** 0750507650000

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

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

**Budget Period:** 1

**Start Date:** 01/01/2015 **End Date:** 12/31/2015

**Budget Period:** 1

---

### A. Senior/Key Person

<table>
<thead>
<tr>
<th>Prefix</th>
<th>First Name</th>
<th>Middle Name</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>
</tbody>
</table>

**Project Role:** PD/PI

| Dr.    | Co-I first name | Co-I last name |           |        | 72,000.00       | 0.00 0.00 0.50     | 4,000.00            | 1,680.00           | 5,680.00           |

**Project Role:** Co-Investigator

---

**Add Additional Key Person**

**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>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>12.00</td>
<td>0.00</td>
<td>0.00</td>
<td>36,000.00</td>
<td>14,680.00</td>
<td>49,680.00</td>
</tr>
<tr>
<td>2</td>
<td>Graduate Students</td>
<td>12.00</td>
<td>0.00</td>
<td>0.00</td>
<td>40,000.00</td>
<td>14,680.00</td>
<td>54,680.00</td>
</tr>
<tr>
<td></td>
<td>Undergraduate Students</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Secretarial/Clerical</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 item name</td>
<td>10,000.00</td>
</tr>
</tbody>
</table>

Add Additional Equipment

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

Total funds requested for all equipment listed in the attached file

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

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
   Funds Requested ($) 

2. Stipends
   Funds Requested ($) 

3. Travel
   Funds Requested ($) 

4. Subsistence
   Funds Requested ($) 

5. Other
   Funds Requested ($) 

Number of Participants/Trainees Total Participant/Trainee Support Costs
### 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>
</tr>
<tr>
<td>2. Publication Costs</td>
<td>1,000.00</td>
</tr>
<tr>
<td>3. Consultant Services</td>
<td></td>
</tr>
<tr>
<td>4. ADP/Computer Services</td>
<td></td>
</tr>
<tr>
<td>5. Subawards/Consortium/Contractual Costs</td>
<td>100,000.00</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>
</tbody>
</table>

**Total Other Direct Costs**: 123,000.00

### G. Direct Costs

**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>
</tr>
</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

**Funds Requested ($)**: 

### K. Budget Justification

(Only attach one file.)

**Budget Justification.pdf**

- **Add Attachment**
- **Delete Attachment**
- **View Attachment**

---

**Additional Instructions**:
- If Direct Costs less Consortium F&A are less than $250,000 each year, then you should use the modular budget and not this Research & Related Budget. Will generate eRA Commons warning.
- If Direct Cost less Consortium F&A exceeds $500,000 in any year of the project, then PI must have agreement from Institute/Center Program staff that they will accept application. Should be obtained 6 weeks before submission. Cover letter must identify this approval and assignment.
- Check FOA for any program specific restrictions on total requested funds.
- After completing year 1 budget and uploading budget justification, you will click here to start year 2 budget.