RESEARCH & RELATED BUDGET - Budget Period 1

OMB Number: 4040-0001 Expiration Date: 11/30/2025

	UEI:		Ente	er name of Orgar	nization:						
Budget Type:	Project	Subawar	d/Consortium		Budge	et Period:	l St	art Date):	End Date:	
A. Senior/Key	y Person										
Prefix	First	Middle	Last	Suffix	Base Salary	(\$) Ca	Month		Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
Project Role	PD/PI										
Additional Senio	or Key Persons:			Add Atta	Delete	Attachment	View /	Attachme		requested for all Senior sons in the attached file	
									1	Гotal Senior/Key Person	
B. Other Pers	connol										
b. Other Pers	Some										
Number of Personnel	Project Ro	le			Cal.	Months Acad.	Sum.		tequested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
	Post Doctoral Ass								Salary (4)	Denonts (4)	ποφασσίου (ψ)
	Graduate Studen										
	Undergraduate S										
	Secretarial/Cleric										
	Total Number Oth	er Personne	el							Total Other Personnel	
							Total S	alary \	Nages and Fri	nge Renefits (A+R)	

C. Equipment Description List items and dollar amount for each item exceeding \$5,000 **Equipment item** Funds Requested (\$) Additional Equipment: Delete Attachment View Attachment Add Attachment Total funds requested for all equipment listed in the attached file **Total Equipment** D. Travel Funds Requested (\$) Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions) Foreign Travel Costs **Total Travel Cost** E. Participant/Trainee Support Costs Funds Requested (\$) 1. Tuition/Fees/Health Insurance Stipends Travel Subsistence 5. Other Food for Conference; Transport to Venue **Number of Participants/Trainees Total Participant/Trainee Support Costs**

F. Other Direct Costs				Funds Requested (\$)
1. Materials and Supplies				
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.				
11.				
12.				
13.				
14.				
15.				
16.				
17.				
		Total Ot	her Direct Costs	
G. Direct Costs				Funds Requested (\$)
	Total D	irect Co	sts (A thru F)	
H. Indirect Costs				
Indirect Cost Type Ind	irect Cost Rate (%	Indirec	t Cost Base (\$)	Funds Requested (\$)
		Total I	ndirect Costs	
Cognizant Federal Agency		i Otai ii	idirect costs	
(Agency Name, POC Name, and POC Phone Number)				
I. Total Direct and Indirect Costs				Funds Requested (\$)
Total Direct an	d Indirect Instit	utional	Costs (G + H)	
J. Fee			1	Funds Requested (\$)
W. Total Coate and Foo			L	
K. Total Costs and Fee	Total	Coete	nd Fee (I + J)	Funds Requested (\$)
L. Budget Justification	i Otai	JUSIS A	110 1 66 (1 T J)	
(Only attach one file.)	Add Attac	hment	Delete Attachmen	t View Attachment
Only allaon one me.)	Aud Allac	ATTION	Delete Attachillen	VIOW Attachment

RESEARCH & RELATED BUDGET - Cumulative Budget

			Totals (\$)
Se	ction A, Senior/Key Person		
Se	ction B, Other Personnel		
Tot	al Number Other Personnel		
To	tal Salary, Wages and Fringe Benefits (A+B)		
Se	ction C, Equipment		
Se	ction D, Travel		
1.	Domestic		
2.	Foreign		
Se	ction E, Participant/Trainee Support Costs		
1.	Tuition/Fees/Health Insurance		
2.	Stipends		
3.	Travel		
4.	Subsistence		
5.	Other		
6.	Number of Participants/Trainees		
Se	ction F, Other Direct Costs		
1.	Materials and Supplies		
2.	Publication Costs		
3.	Consultant Services		
4.	ADP/Computer Services		
5.	Subawards/Consortium/Contractual Costs		
6.	Equipment or Facility Rental/User Fees		
7.	Alterations and Renovations		
8.	Other 1		
9.	Other 2		
10.	Other 3		
11.	Other 4		
12.	Other 5		
13.	Other 6		
14.	Other 7		
15.	Other 8		
16.	Other 9		
17.	Other 10		

Section G, Direct Costs (A thru F)	
Section H, Indirect Costs	
Section I, Total Direct and Indirect Costs (G + H)	
Section J, Fee	
Section K, Total Costs and Fee (I + J)	