

DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY					FROM 7/1/07	THROUGH 6/30/09	
PERSONNEL <i>(Applicant organization only)</i>		TYPE APPT. <i>(months)</i>	% EFFORT ON PROJ.	INST. BASE SALARY	DOLLAR AMOUNT REQUESTED <i>(omit cents)</i>		
NAME	ROLE ON PROJECT				SALARY REQUESTED	FRINGE BENEFITS	TOTAL
Amy Burton	Principal Investigator	12	15	100,000	15,000	5,129	20,129
Brian Miller	Co-PI	12	10	100,000	10,000	3,419	13,419
Janet Hill	Res. Nurse	12	40	60,000	24,000	8,206	32,206
<b>SUBTOTALS</b> →					<b>49,000</b>	<b>16,754</b>	<b>65,754</b>
CONSULTANT COSTS							
EQUIPMENT <i>(Itemize)</i>							
SUPPLIES <i>(Itemize by category)</i>							
TRAVEL Travel for PI and Co PI to attend one national conference a year							
PATIENT CARE COSTS		INPATIENT	None				10,000
		OUTPATIENT	None				7,500
ALTERATIONS AND RENOVATIONS <i>(Itemize by category)</i>							
OTHER EXPENSES <i>(Itemize by category)</i> Participant/Subject Fees 200 subjects @ \$50.00/Subject							
10,000							
CONSORTIUM/CONTRACTUAL COSTS				DIRECT COSTS			
<b>SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD</b> <i>(Item 7a, Face Page)</i>							<b>\$ 93,254</b>
CONSORTIUM/CONTRACTUAL COSTS				FACILITIES AND ADMINISTRATIVE COSTS			
<b>TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD</b>							<b>\$ 93,254</b>

**CHECKLIST**

**TYPE OF APPLICATION** (Check all that apply.)

- NEW application. (This application is being submitted to the PHS for the first time.)
- REVISION/RESUBMISSION of application number: \_\_\_\_\_  
(This application replaces a prior unfunded version of a new, competing continuation/renewal, or supplemental/revision application.)
- COMPETING CONTINUATION/RENEWAL of grant number: \_\_\_\_\_  
(This application is to extend a funded grant beyond its current project period.)
- SUPPLEMENT/REVISION to grant number: \_\_\_\_\_  
(This application is for additional funds to supplement a currently funded grant.)
- CHANGE of principal investigator/program director.  
Name of former principal investigator/program director: \_\_\_\_\_
- CHANGE of Grantee Institution. Name of former institution: \_\_\_\_\_
- FOREIGN application     Domestic Grant with foreign involvement    List Country(ies) Involved: \_\_\_\_\_

INVENTIONS AND PATENTS  
(Competing continuation/renewal appl. only)

No                       Previously reported

Yes. If "Yes,"      Not previously reported

**1. PROGRAM INCOME (See instructions.)**

All applications must indicate whether program income is anticipated during the period(s) for which grant support is request. If program income is anticipated, use the format below to reflect the amount and source(s).

Budget Period	Anticipated Amount	Source(s)

**2. ASSURANCES/CERTIFICATIONS (See instructions.)**

In signing the application Face Page, the authorized organizational representative agrees to comply with the following policies, assurances and/or certifications when applicable. Descriptions of individual assurances/certifications are provided in Part III. If unable to certify compliance, where applicable, provide an explanation and place it after this page.

•Human Subjects Research •Research Using Human Embryonic Stem Cells •Research on Transplantation of Human Fetal Tissue •Women and Minority Inclusion Policy •Inclusion of Children Policy •Vertebrate Animals

•Debarment and Suspension •Drug- Free Workplace (applicable to new [Type 1] or revised/resubmission [Type 1] applications only) •Lobbying •Non-Delinquency on Federal Debt •Research Misconduct •Civil Rights (Form HHS 441 or HHS 690) •Handicapped Individuals (Form HHS 641 or HHS 690) •Sex Discrimination (Form HHS 639-A or HHS 690) •Age Discrimination (Form HHS 680 or HHS 690) •Recombinant DNA Research, Including Human Gene Transfer Research •Financial Conflict of Interest •Smoke Free Workplace •Prohibited Research •Select Agent Research •PI Assurance

**3. FACILITIES AND ADMINSTRATIVE COSTS (F&A)/ INDIRECT COSTS.** See specific instructions.

- DHHS Agreement dated: \_\_\_\_\_  No Facilities And Administrative Costs Requested.
- DHHS Agreement being negotiated with \_\_\_\_\_ Regional Office.
- No DHHS Agreement, but rate established with Office of Naval Research Date 7/1/07

CALCULATION\* (The entire grant application, including the Checklist, will be reproduced and provided to peer reviewers as confidential information.)

a. Initial budget period:	Amount of base \$	<u>93,254</u>	x Rate applied	<u>0.25</u>	% = F&A costs	\$	<u>23,314</u>	
b. 02 year	Amount of base \$	_____	x Rate applied	_____	% = F&A costs	\$	_____	
c. 03 year	Amount of base \$	_____	x Rate applied	_____	% = F&A costs	\$	_____	
d. 04 year	Amount of base \$	_____	x Rate applied	_____	% = F&A costs	\$	_____	
e. 05 year	Amount of base \$	_____	x Rate applied	_____	% = F&A costs	\$	_____	
TOTAL F&A Costs							\$	<b>23,314</b>

\*Check appropriate box(es):

- Salary and wages base                       Modified total direct cost base                       Other base (Explain)

Off-site, other special rate, or more than one rate involved (Explain)

Explanation (Attach separate sheet, if necessary.): \_\_\_\_\_