

Opportunity Title: Nanoscience and Nanotechnology in Biology and Medicine
Offering Agency: National Institutes of Health
CFDA Number:
CFDA Description:
Opportunity Number: PAR-07-033
Competition ID: VERSION-2A-FORMS
Opportunity Open Date: 02/20/2007
Opportunity Close Date: 01/31/2010
Agency Contact: Grants Info
 TTY 301-451-0088
 E-mail: GrantsInfo@nih.gov

This electronic grants application is intended to... specific Federal funding...
 ... opportunity listed is not the... want to apply, close... by clicking on the...
 ... "Cancel" button at the top of this screen. You will

Be sure to download appropriate application forms from announcement. The opportunity number will be automatically filled in. If the application is a re-submission, you must download a new application. Do not use your old application.

Enter "Application Filing Name" as:
 1st character of first name + last name + space + award mechanism if known (R01, K01, etc.) or funding agency acronym + space + 1st four words of the Project Title
 Example:
 JSmith DOD Develop Direct Connections on
 JSmith R01 Develop Direct Connections on

This opportunity is only open to organizations, applicants who are submitting government, academia, or other type of organization.

* Application Filing Name: JSmith R01 Develop Direct Connection on

Mandatory Documents

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

Open Form

Optional Documents

- PHS 398 Cover Letter File
- PHS 398 Modular Budget
- Research & Related Budget
- R&R Subaward Budget Attachment(s) Form

Open Form

Move Form to Submission List

Mandatory Completed Documents for Submission

NEW - Enter Senior/Key Person 1, click the "Next Person" button to display the fields for Profile - Senior/Key Person 2.
 After the first 8 are entered (PI + 7 others), the "Select to Extract the R&R Additional Senior/Key Person Form" button becomes active.
 Click to open a new page that allows up to 4 additional Senior/Key Person (PureEdge) components to be attached (each component containing another 8 individuals).
 Ability to capture structured data for up to 40 Senior/Key Person.

Documents List

<=

Open Form

Instructions

- 1 Enter a name for the application in the Application Filing Name field.**

 - This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
 - You can save your application at any time by clicking the "Save" button at the top of your screen.
 - The "Submit" button will not be functional until the application is complete and saved.
- 2 Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.**

 - It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
 - The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
 - To open an item, simply click on it to select the item and then click on the "Open" button. When you have completed a form or document, click the form/document name to select it, and then click the => button. This will move the form/document to the "Completed Documents" box. To remove a form/document from the "Completed Documents" box, click the form/document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
 - When you open a required form, the fields which must be completed are highlighted in yellow. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.
- 3 Click the "Submit" button to submit your application to Grants.gov.**

 - Once you have properly completed all required documents and saved the application, the "Submit" button will become active.
 - You will be taken to a confirmation page where you will be asked to verify that this is the funding opportunity and Agency to which you want to submit an application.

Application Submission Verification and Signature

Opportunity Title: Nanoscience and Nanotechnology in Biology and Medicine (RC
Offering Agency: National Institutes of Health
CFDA Number:
CFDA Description:
Opportunity Number: PAR-07-033
Competition ID: VERSION-2A-FORMS
Opportunity Open Date: 02/20/2007
Opportunity Close Date: 01/31/2010
Application Filing Name : JSmith R01 Develop Direct Connection on



This sheet is for Signing Official ONLY.

Do you wish to sign and submit this Application?

Please review the summary provided to ensure that the information listed is correct and that you are submitting an application to the opportunity for which you want to apply.

If you want to submit the application package for the listed funding opportunity, click on the "Sign and Submit Application" button below to complete the process. You will then see a screen prompting you to enter your user ID and password.

If you do not want to submit the application at this time, click the "Exit Application" button. You will then be returned to the previous page where you can make changes to the required forms and documents or exit the process.

If this is not the application for the funding opportunity for which you wish to apply, you must exit this application package and then download and complete the correct application package.

Sign and Submit Application

Exit Application

APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE	If this application is to continue or revise an existing award, enter present federal identifier number. If for a new project, leave blank. The federal identifier number consists of 2 letters and 6 numbers (example: HL000333).
4. Federal Identifier	

1. * TYPE OF SUBMISSION

Pre-application Application
 Changed/Corrected Application

5. APPLICANT INFORMATION

* Legal Name: The University of Texas Health Science Center at Houston

Department: Office of Sponsored Projects Division: []

* Street1: P.O. Box 20036 Street2: []

* City: Houston County: Harris * State: TX: Texas

Province: [] * Country: UNITED ST * ZIP / Postal Code: 77225

* Organizational DUNS: 800771594

Person to be contacted on matters involving this application

Prefix: [] * First Name: Catherine Middle Name: [] * Last Name: Moore Suffix: []

* Phone Number: 713-500-3999 Fax Number: 713-500-0355 Email: osp@uth.tmc.edu

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

741761309 Tax ID Number (9 digits)

7. * TYPE OF APPLICANT:

H: Public/State Controlled Institution of Higher Education

Other (Specify):

Women Owned Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION: New

Resubmission Renewal Continuation Revision

9. * NAME OF FEDERAL AGENCY:

National Institutes of Health

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? []

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

[]

TITLE: []

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Develop Direct Connection to Developing Countries

12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

Houston, Harris, Texas

13. PROPOSED PROJECT:

* Start Date: 04/01/2007 * Ending Date: 03/31/2008

14. CONGRESSIONAL DISTRICT:

a. * Applicant: TX-025 b. * Project: TX-025

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: Dr. * First Name: John Middle Name: [] * Last Name: Smith Suffix: []

Position/Title: Associate Professor * Organization Name: The University of Texas Health Science Center at Houston

Department: Interdiscipline Studies Division: Medical School

* Street1: 6431 Fannin Street2: []

* City: Houston County: Harris * State: TX: Texas

Province: [] * Country: UNITED ST * ZIP / Postal Code: 77030

* Phone Number: 713-500-0001 Fax Number: 713-500-0002 * Email: John.L.Smith@uth.tmc.edu

Applicant is UT-Houston Faculty is Principal Investigator/Project Director

OMB Number: 4040-0001

PI's eRA Commons data MUST MATCH (same spelling) with PI data in PureEdge forms. In eRA Commons, PI click "Person Profile" in the Commons and then "Employment" and enter preferred address (it must be current for one of the employments). Check the box to the right of "Is this your preferred employment address?" The address on the SF424 (R&R) form and the employment section must match (same spelling).

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Project Director/Principal Investigator

Prefix	* First Name	Middle Name	* Last Name	Suffix
Dr.	John		Smith	
Position/Title: Associate Professor		Department:		
Organization Name: The University of Texas Health Science Center at Houston		Division:		
* Street1: 6431 Fannin		Street2:		
* City: Houston	County: Harris	* State: TX		
* Country: UNITED STATES	* Zip / Postal Code: 77030			
* Phone Number: 713-500-0001		Fax Number: 713-500-0002		* E-Mail: John.L.Smith@uth.tmc.edu
Credential, e.g., agency login: <input type="text" value="If this is NIH application, eRA Commons user ID goes here."/>				
* Project Role: <input type="text" value="PD/PI"/>		Other Project Role Category: <input type="text"/>		
*Attach Biographical Sketch <input type="text"/>		Add Attachment Delete Attachment View Attachment		
Attach Current & Pending Support <input type="text"/>		Add Attachment Delete Attachment View Attachment		

PROFILE - Senior/Key Person 1

Prefix	* First Name	Middle Name	* Last Name	Suffix
Position/Title:		Department:		
Organization Name:		Division:		
* Street1:		Street2:		
* City:	County:	* State:		
* Country: UNITED STATES	* Zip / Postal Code:			
* Phone Number:		Fax Number:		
Credential, e.g., agency login: <input type="text" value="If this is NIH application, eRA Commons user ID goes here."/>				
* Project Role:		Other Project Role Category:		
*Attach Biographical Sketch <input type="text"/>		Add Attachment Delete Attachment View Attachment		
Attach Current & Pending Support <input type="text"/>		Add Attachment Delete Attachment View Attachment		

WARNING: There is a 60 character space limitation (including spaces) for the organization name. Be aware that The University of Texas Health Science Center at Houston - takes up 56 spaces. Although, the system will allow you to type more than 60 spaces, the application will be rejected by Grants.gov!

NIH eRA Commons User ID here.

This section is "auto-fill" (data from SF424 (R&R) cover page).

All remaining Senior/Key Person Profiles (other than the PI) should be listed in alphabetical order. Enter in information for Senior/Key Person 1, click the "Next Person" button to display the fields for Profile Senior/Key Person 2 and 3.

Do NOT attach current & pending support for any application from NIH and PHS agency unless otherwise instructed.

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

Additional Senior/Key Person Form Attachments

When submitting senior/key persons in excess of 8 individuals, please attach additional senior/key person forms here. Each additional form attached here, will provide you with the ability to identify another 8 individuals, up to a maximum of 4 attachments (32 people).

The means to obtain a supplementary form is provided here on this form, by the button below. In order to extract, fill, and attach each additional form, simply follow these steps:

- Select the "Select to Extract the R&R Additional Senior/Key Person Form" button, which appears below.
- Save the file using a descriptive name, that will help you remember the content of the supplemental form that you are creating. When assigning a name to the file, please remember to give it the extension ".xfd" (for example, "My_Senior_Key.xfd"). If you do not name your file with the ".xfd" extension you will be unable to open it later, using your PureEdge viewer software.
- Using the "Open Form" tool on your PureEdge viewer, open the new form that you have just saved.
- Enter your additional Senior/Key Person information in this supplemental form. It is essentially the same as the Senior/Key person form that you see in the main body of your application.
- When you have completed entering information in the supplemental form, save it and close it.
- Return to this "Additional Senior/Key Person Form Attachments" page.
- Attach the saved supplemental form, that you just filled in, to one of the blocks provided on this "attachments" form.

Senior/Key Persons 4, 5, 6, and 7 information here. This is a total of 8.

Select to Extract the R&R Additional Senior/Key Person Form

Important: Please attach additional Senior/Key Person forms using the blocks below. Please remember that the files you attach must be Senior/Key Person Pure Edge forms, which were previously extracted using the process outlined above. Attaching any other type of file may result in the inability to submit your application to Grants.gov.

1) Please attach Attachment 1	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment

After the first 8 are entered (PD/PI + 7 others), the "Select to Extract the R&R Additional Senior/Key Person Form" button becomes active. Click to open a new page that allows up to four additional Senior/Key Person (PureEdge) components to be attached (each containing another 8 individuals. Captures structured data for up to 40 Senior/Key Persons.

ADDITIONAL SENIOR/KEY PERSON PROFILE(S)	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Additional Biographical Sketch(es) (Senior/Key Person)	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
Additional Current and Pending Support(s)	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment

Do NOT attach current & pending support for any application from NIH and PHS agency unless otherwise instructed.

OMB Number: 4040-0001

Expiration Date: 04/30/2008

RESEARCH & RELATED Other Project Information

1. * Are Human Subjects Involved? Yes No

1.a If YES to Human Subjects

Is the IRB review Pending? Yes No

IRB Approval Date:

Exemption Number: 1 2 3 4 5 6

Human Subject Assurance Number:

2. * Are Vertebrate Animals Used? Yes No

2.a. If YES to Vertebrate Animals

Is the IACUC review Pending? Yes No

IACUC Approval Date:

Animal Welfare Assurance Number

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

4.a. * Does this project have an actual or potential impact on the environment? Yes No

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

4.d. If yes, please explain:

5.a. * Does this project involve activities outside the U.S. or partnership with International Collaborators? Yes No

5.b. If yes, identify countries:

5.c. Optional Explanation:

6. * Project Summary/Abstract

7. * Project Narrative

8. Bibliography & References Cited

9. Facilities & Other Resources

10. Equipment

11. Other Attachments

Project Summary/Abstract must be no longer than 30 lines of text. Follow the required font and margin specifications.

Project Narrative: Using no more than two or three sentences, describe the relevance of this research to public health. In this section, be succinct and use plain language that can be understood by a general lay audience.

GUIDELINES FOR FILE TO BE ATTACHED:

- * Must be in PDF format
- * Do not put special characters or spaces in file names @ / : ; & = + \$, ()
- * Disable all security features in the PDF document
- * Do not include active links in any PDF document, example: http://www.uth.tmc.edu/
- * Do not send PDF documents with editable fields. (Those fields in PDF documents which allows typing.)
- * For NIH applications, NO header, footer, or page number in PDF files.

OMB Number: 4040-0001
Expiration Date: 04/30/2008

RESEARCH & RELATED Project/Performance Site Location(s)

Project/Performance Site Primary Location

Organization Name:

* Street1: Street2:

* City: County: * State:

Province: * Country: * ZIP / Postal Code:

Project/Performance Site Location 1

Organization Name:

* Street1: Street2:

* City: County: * State:

Province: * Country: * ZIP / Postal Code:

Additional Location(s)

OMB Number: 4040-0001
Expiration Date: 04/30/2008

PHS 398 Cover Page Supplement

OMB Number: 0925-0001

Expiration Date: 9/30/2007

1. Project Director / Principal Investigator (PD/PI)

This section is pre-filled information.

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* New Investigator? No Yes

Degree information for PD/PI must be filled in whether it is for a new investigator or not.

Degrees:

2. Human Subjects

Clinical Trial? No Yes

* Agency-Defined Phase III Clinical Trial? No Yes

3. Applicant Organization Contact

Contact information for Catherine Moore is the same as institutional information (pre-filled).

Person to be contacted on matters involving this application

Prefix: * First Name:
Middle Name:
* Last Name:
Suffix:

* Phone Number: Fax Number:
Email:

* Title:

For the Business Official Contact (Catherine Moore), include COMPLETE contact information (title and mailing address missing from section 5 on the R&R cover. This section is NOT pre-filled).

* Street1:
Street2:
* City:
County:
* State:
Province:
* Country: * Zip / Postal Code:

PHS 398 Research Plan

1. Application Type:

From SF 424 (R&R) Cover Page and PHS398 Checklist. The responses provided on these pages, regarding the type of application being submitted, are repeated for your reference, as you attach the appropriate sections of the research plan.

*Type of Application:

- New
 Resubmission
 Renewal
 Continuation
 Revision

Select appropriate application type.

2. Research Plan Attachments:

Separate PDF attachments for EACH section.

Please attach applicable sections of the research plan, below.

1. Introduction to Application <small>(for RESUBMISSION or REVISION only)</small>	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
2. Specific Aims	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
3. Background and Significance	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
4. Preliminary Studies / Progress Report	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
5. Research Design and Methods	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
6. Inclusion Enrollment Report	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
7. Progress Report Publication List	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment

Human Subjects Sections

Attachments 8-11 apply only when you have answered "yes" to the question "are human subjects involved" on the R&R Other Project Information Form. In this case, attachments 8-11 may be required, and you are encouraged to consult the Application guide instructions and/or the specific Funding Opportunity Announcement to determine which sections must be submitted with this application.

8. Protection of Human Subjects	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
9. Inclusion of Women and Minorities	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
10. Targeted/Planned Enrollment	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
11. Inclusion of Children	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment

Other Research Plan Sections

12. Vertebrate Animals	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
13. Select Agent Research	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
14. Multiple PI Leadership Plan	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
15. Consortium/Contractual Arrangements	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
16. Letters of Support	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
17. Resource Sharing Plan(s)	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment

18. Appendix

Research Plan Helpful Hints:

- (1) Create as a single document (adhering to page limitations) using any word processing software. Separate at the END before uploading in PDF format. (MUST BE IN PDF FORMAT)
- (2) Do not include headers, footers or page numbers in PDF file.
- (3) Include a section heading as part of the text (i.e., Specific Aims, Background & Significance).
- (4) Avoid 2-column format for text (difficult for reviewers to read electronically).
- (5) Do not put special characters or space in file names @ / : ; & = + \$,) (
- (6) Disable all security features in the PDF document.
- (7) Do not include active links in any PDF document, example: <http://www.uth.tmc.edu>
- (8) Do not send PDF document with editable fields. (Those fields in PDF documents which allows typing.)

PHS 398 Checklist

Captures additional information currently in the PHS 398 Checklist: Change of PI, Change of Grantee Institution, Inventions & Patents, and Program Income.

OMB Number: 0925-0001

Expiration Date: 9/30/2007

1. Application Type:

From SF 424 (R&R) Cover Page. The responses provided on the R&R cover page are repeated here for your reference, as you answer the questions that are specific to the PHS398.

* Type of Application:

New Resubmission Renewal Continuation Revision

Select appropriate application type.

Federal Identifier:

If this application is to continue or revise an existing award, enter present federal identifier number. If for a new project, leave blank. Must match the federal identifier number on SF-424 page 1, item 4. The federal identifier number consists of 2 letter and 6 numbers (example: HL000333).

2. 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:

3. 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

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)
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

5. Assurances/Certifications (see instructions)

In agreeing to the assurances/certification section 18 on the SF424 (R&R) form, the authorized organizational representative agrees to comply with the policies, assurances and/or certifications listed in the agency's application guide, when applicable. Descriptions of individual assurances/certifications are provided at: <http://grants.nih.gov/grants/funding/424>

If unable to certify compliance, where applicable, provide an explanation and attach below.

Explanation:

PHS 398 Cover Letter

OMB Number: 0925-0001

Expiration Date: 9/30/2007

*Mandatory Cover Letter Filename:

Add Cover Letter File

Delete Cover Letter File

View Cover Letter File

Provides a text attachment for a cover letter. Instructions to applicant remain the same as in the PHS 398. Is stored separately in the eRA Grant Folder; not as a part of the main application grant image.

Required when submitting a Changed/Corrected application after submission date. (See "Sample Resubmission Letter" on the OSP Website under National Institute of Health.)

If revising the cover letter for a Changed/Corrected application, include all previously submitted letter text.

The Cover Letter is seen only by appropriate NIH staff; not peer reviewers.

PHS 398 Modular Budget, Periods 1 and 2

OMB Number: 0925-0001
Expiration Date: 9/30/2007

Budget Period: 1				
<input type="button" value="Reset Entries"/>	Start Date: <input style="width: 80%;" type="text"/>	End Date: <input style="width: 80%;" type="text"/>		
A. Direct Costs			* Funds Requested (\$)	
<div style="border: 2px solid red; background-color: yellow; padding: 2px;"> Organized Research: 48.50% on-site; 25.50% off-site; 40.00% instruction. Also indicate if off-site. If more than one rate/base involved, use separate lines for each. </div>			* Direct Cost less Consortium F&A <input style="width: 100%;" type="text"/>	
			Consortium F&A <input style="width: 100%;" type="text"/>	
			* Total Direct Costs <input style="width: 100%;" type="text"/>	
B. Indirect Costs				
	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<div style="border: 2px solid red; background-color: yellow; padding: 2px;">Modified Total</div>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 100%;" type="text"/>
2.	<input style="width: 100%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 100%;" type="text"/>
3.	<input style="width: 100%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 100%;" type="text"/>
4.	<input style="width: 100%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 100%;" type="text"/>
Cognizant Agency (Agency Name, POC Name and Phone Number)		<div style="border: 2px solid red; background-color: yellow; padding: 2px;">DHHS; Henry Williams; (214) 767-3261</div>		
Indirect Cost Rate Agreement Date		<div style="border: 2px solid red; background-color: yellow; padding: 2px;">08/17/2007</div>		Total Indirect Costs <input style="width: 100%;" type="text"/>
C. Total Direct and Indirect Costs (A + B)			Funds Requested (\$)	
<input style="width: 100%;" type="text"/>				
Budget Period: 2				
<input type="button" value="Reset Entries"/>	Start Date: <input style="width: 80%;" type="text"/>	End Date: <input style="width: 80%;" type="text"/>		
A. Direct Costs			* Funds Requested (\$)	
<div style="border: 2px solid red; background-color: yellow; padding: 2px;"> Organized Research: 48.50% on-site; 25.50% off-site; 40.00% instruction. Also indicate if off-site. If more than one rate/base involved, use separate lines for each. </div>			* Direct Cost less Consortium F&A <input style="width: 100%;" type="text"/>	
			Consortium F&A <input style="width: 100%;" type="text"/>	
			* Total Direct Costs <input style="width: 100%;" type="text"/>	
B. Indirect Costs				
	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<div style="border: 2px solid red; background-color: yellow; padding: 2px;">Modified Total</div>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 100%;" type="text"/>
2.	<input style="width: 100%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 100%;" type="text"/>
3.	<input style="width: 100%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 100%;" type="text"/>
4.	<input style="width: 100%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 50%;" type="text"/>	<input style="width: 100%;" type="text"/>
Cognizant Agency (Agency Name, POC Name and Phone Number)		<div style="border: 2px solid red; background-color: yellow; padding: 2px;">DHHS; Henry Williams; (214) 767-3261</div>		
Indirect Cost Rate Agreement Date		<div style="border: 2px solid red; background-color: yellow; padding: 2px;">08/17/2007</div>		Total Indirect Costs <input style="width: 100%;" type="text"/>
C. Total Direct and Indirect Costs (A + B)			Funds Requested (\$)	
<input style="width: 100%;" type="text"/>				

PHS 398 Modular Budget, Periods 3 and 4

OMB Number: 0925-0001

Expiration Date: 9/30/2007

Budget Period: 3

Start Date:

End Date:

A. Direct Costs

* Funds Requested (\$)

Organized Research: 48.50% on-site; 25.50% off-site; 40.00% instruction.
Also indicate if off-site. If more than one rate/base involved, use separate lines for each.

* Direct Cost less Consortium F&A	<input type="text"/>
Consortium F&A	<input type="text"/>
* Total Direct Costs	<input type="text"/>

B. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	Modified Total	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Cognizant Agency (Agency Name, POC Name and Phone Number) **DHHS - Henry Williams - (214) 767-3261**

Indirect Cost Rate Agreement Date **08/17/2007** Total Indirect Costs

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

Funds Requested (\$)

Budget Period: 4

Start Date:

End Date:

A. Direct Costs

* Funds Requested (\$)

Organized Research: 48.50% on-site; 25.50% off-site; 40.00% instruction.
Also indicate if off-site. If more than one rate/base involved, use separate lines for each.

* Direct Cost less Consortium F&A	<input type="text"/>
Consortium F&A	<input type="text"/>
* Total Direct Costs	<input type="text"/>

B. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	Modified Total	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Cognizant Agency (Agency Name, POC Name and Phone Number) **DHHS - Henry Williams - (214) 767-3261**

Indirect Cost Rate Agreement Date **08/17/2007** Total Indirect Costs

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

Funds Requested (\$)

PHS 398 Modular Budget, Period 5 and Cumulative

OMB Number: 0925-0001

Expiration Date: 9/30/2007

Budget Period: 5

Start Date:

End Date:

A. Direct Costs

* Funds Requested (\$)

Organized Research: 48.50% on-site; 25.50% off-site; 40.00% instruction. Also indicate if off-site. If more than one rate/base involved, use separate lines for each.

* Direct Cost less Consortium F&A	<input type="text"/>
Consortium F&A	<input type="text"/>
* Total Direct Costs	<input type="text"/>

B. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	Modified Total	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Cognizant Agency (Agency Name, POC Name and Phone Number) DHHS - Henry Williams - (214) 767-3261

Indirect Cost Rate Agreement Date 08/17/2007 Total Indirect Costs

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

Funds Requested (\$)

Cumulative Budget Information ← System generated information.

1. Total Costs, Entire Project Period

* Section A, Total Direct Cost less Consortium F&A for Entire Project Period	\$ <input type="text"/>
Section A, Total Consortium F&A for Entire Project Period	\$ <input type="text"/>
* Section A, Total Direct Costs for Entire Project Period	\$ <input type="text"/>
* Section B, Total Indirect Costs for Entire Project Period	\$ <input type="text"/>
* Section C, Total Direct and Indirect Costs (A+B) for Entire Project Period	\$ <input type="text"/>

2. Budget Justifications

PDF text attachments for Personnel, Consortium and Other.

Personnel Justification	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
Consortium Justification	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
Additional Narrative Justification	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 1

* ORGANIZATIONAL DUNS:

* Budget Type: Project Subaward/Consortium

Enter name of Organization:

* Start Date: * End Date: Budget Period: 1

(If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the

C. Equipment Description

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

	Equipment item	* Funds Requested (\$)
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>
11.	Total funds requested for all equipment listed in the attached file	
	Total Equipment	<input type="text"/>

Allows itemization of up to 10. Greater than 10 equipment items; details provided in an attachment. Total funds requested in attachment are entered in Line 11.

Additional Equipment:

D. Travel

	Funds Requested (\$)
1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	<input type="text"/>
2. Foreign Travel Costs	<input type="text"/>
	Total Travel Cost
	<input type="text"/>

R&R separates travel out to Domestic and Foreign.

E. Participant/Trainee Support Costs

	Funds Requested (\$)
1. Tuition/Fees/Health Insurance	<input type="text"/>
2. Stipends	<input type="text"/>
3. Travel	<input type="text"/>
4. Subsistence	<input type="text"/>
5. Other <input type="text"/>	<input type="text"/>
<input type="text"/> Number of Participants/Trainees	
	Total Participant/Trainee Support Costs
	<input type="text"/>

RESEARCH & RELATED Budget {C-E} (Funds Requested)

OMB Number: 4040-0001
Expiration Date: 04/30/2008

For NIH and other PHS agencies application, DO NOT fill out section E unless specifically stated otherwise in the announcements.

Tuition remission for graduate students should continue to be included in Section F under Other Direct Costs, when applicable (see cumulative budget).

RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 1

Next Period

* ORGANIZATIONAL DUNS:

* Budget Type: Project Subaward/Consortium

Enter name of Organization:

* Start Date: * End Date: Budget Period: 1

(If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the

Next Period Button: At the top of the last budget page. All required data fields in this component must be entered before this button becomes available. This includes the Budget Justification.

F. Other Direct Costs	Funds Requested (\$)
1. Materials and Supplies	<input type="text"/>
2. Publication Costs	<input type="text"/>
3. Consultant Services	<input type="text"/>
4. ADP/Computer Services	<input type="text"/>
5. Subawards/Consortium/Contractual Costs	<input type="text"/>
6. Equipment or Facility Rental/User Fees	<input type="text"/>
7. Alterations and Renovations	<input type="text"/>
8. <input type="text"/>	<input type="text"/>
9. <input type="text"/>	<input type="text"/>
10. <input type="text"/>	<input type="text"/>
Total Other Direct Costs	<input type="text"/>

Subcontract: Enter Total (direct + indirect)

Organized Research
48.50% onsite; 25.50% offsite;
40.00% instruction

Also indicate if offsite.

G. Direct Costs	Funds Requested (\$)
Total Direct Costs (A thru F)	<input type="text"/>

If more than one rate/base is involved, use separate lines for each.

H. Indirect Costs	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	Modified Total	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Indirect Costs				<input type="text"/>

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

I. Total Direct and Indirect Costs	Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)	<input type="text"/>

J. Fee	Funds Requested (\$)
	<input type="text"/>

K. * Budget Justification
(Only attach one file.)

* Only one single file for budget justification for all years.
* Attach the PDF file in year one.

RESEARCH & RELATED BUDGET - Cumulative Budget

Totals (\$)

Section A, Senior/Key Person		<input type="text"/>
Section B, Other Personnel		<input type="text"/>
Total Number Other Personnel	<input type="text"/>	
Total Salary, Wages and Fringe Benefits (A+B)		<input type="text"/>
Section C, Equipment		<input type="text"/>
Section D, Travel		<input type="text"/>
1. Domestic	<input type="text"/>	
2. Foreign	<input type="text"/>	
Section E, Participant/Trainee Support Costs		<input type="text"/>
1. Tuition/Fees/Health Insurance	<input type="text"/>	
2. Stipends	<input type="text"/>	
3. Travel	<input type="text"/>	
4. Subsistence	<input type="text"/>	
5. Other	<input type="text"/>	
6. Number of Participants/Trainees	<input type="text"/>	
Section F, Other Direct Costs		<input type="text"/>
1. Materials and Supplies	<input type="text"/>	
2. Publication Costs	<input type="text"/>	
3. Consultant Services	<input type="text"/>	
4. ADP/Computer Services	<input type="text"/>	
5. Subawards/Consortium/Contractual Costs	<input type="text"/>	
6. Equipment or Facility Rental/User Fees	<input type="text"/>	
7. Alterations and Renovations	<input type="text"/>	
8. Other 1	<input type="text"/>	
9. Other 2	<input type="text"/>	
10. Other 3	<input type="text"/>	
Section G, Direct Costs (A thru F)		<input type="text"/>
Section H, Indirect Costs		<input type="text"/>
Section I, Total Direct and Indirect Costs (G + H)		<input type="text"/>
Section J, Fee		<input type="text"/>

ALL values on this form are calculated automatically.

If the amounts displayed on this form appear to be incorrect, you will need to revisit the appropriate budget period form(s) to enter corrected value(s).

NOTE: Applicant prepares a detailed budget for every budget period. There is NO summary budget page like the PHS Form Page 5.

A detailed Cumulative budget is system-generated.

OMB Number: 4040-0001
 Expiration Date: 04/30/2008

R&R SUBAWARD BUDGET ATTACHMENT(S) FORM

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 Pure Edge document.

Click here to extract the R&R Subaward Budget Attachment

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

- 1) Please attach Attachment 1
- 2) Please attach Attachment 2
- 3) Please attach Attachment 3
- 4) Please attach Attachment 4
- 5) Please attach Attachment 5
- 6) Please attach Attachment 6
- 7) Please attach Attachment 7
- 8) Please attach Attachment 8
- 9) Please attach Attachment 9
- 10) Please attach Attachment 10

	Add Attachment	Delete Attachment	View Attachment
	Add Attachment	Delete Attachment	View Attachment
	Add Attachment	Delete Attachment	View Attachment
	Add Attachment	Delete Attachment	View Attachment
	Add Attachment	Delete Attachment	View Attachment
	Add Attachment	Delete Attachment	View Attachment
	Add Attachment	Delete Attachment	View Attachment
	Add Attachment	Delete Attachment	View Attachment
	Add Attachment	Delete Attachment	View Attachment
	Add Attachment	Delete Attachment	View Attachment

OMB Number: 4040-0001
Expiration Date: 04/30/2008

A complete subaward/consortium budget component should be completed by each consortium grantee organization. Separate budgets are required only fro subawardee/consortium organizations that perform a substantive portion of the project.

- (1) Click the "Click here to extract..." button in the middle of the form.
- (2) Save the file with the first 10 letters of the consortium organization's name as the file name and leave ".xfd" as the file extension. (The extracted file is a PureEdge document).
- (3) Email the form to the consortium grantee.

NOTE: (a) Consortium grantees must have installed the PureEdge Viewer before they can complete the form. (b) The consortium grantee should complete all the budget information as instructed in the R&R Budget component instructions. (c) Organizational DUNS and Name of Organization fields must reflect that of the subaward/consortium grantee.

- (4) Attach the Subaward Budget file to one of the blocks provided on the form. DO NOT convert this attachment to PDF.