

<b>Opportunity Title:</b>	Research Project Grant (Parent R01)
<b>Offering Agency:</b>	National Institutes of Health
<b>CFDA Number:</b>	
<b>CFDA Description:</b>	
<b>Opportunity Number:</b>	PA-11-260
<b>Competition ID:</b>	ADOBE-FORMS-B2
<b>Opportunity Open Date:</b>	09/05/2011
<b>Opportunity Close Date:</b>	09/07/2014
<b>Agency Contact:</b>	Grants Info Grants Information E-mail: GrantsInfo@nih.gov Phone: 301-435-0714

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.

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: Hoffman/00092345

### Mandatory Documents

Move Form to Complete



Move Form to Delete

### Mandatory Documents for Submission

SF424 (R & R)

Project/Performance Site Location(s)

Research And Related Other Project Information

Research And Related Senior/Key Person Profile

PHS 398 Cover Page Supplement

PHS 398 Research Plan

PHS 398 Checklist



### Optional Documents

PHS Cover Letter

Move Form to Submission List

Move Form to Delete

### Optional Documents for Submission

R & R Subaward Budget Attachment(s) Form 5 YR

PHS 398 Modular Budget

Research & Related Budget



## 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 "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.
- 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 and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
  - All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. 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 "Save & Submit" button to submit your application to Grants.gov.

  - Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
  - Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
  - The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
  - You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.

# APPLICATION FOR FEDERAL ASSISTANCE SF 424 (R&R)

<b>3. DATE RECEIVED BY STATE</b>	<b>State Application Identifier</b>
<input type="text"/>	<input type="text"/>

<b>1. * TYPE OF SUBMISSION</b>
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application

<b>4. a. Federal Identifier</b>	<input type="text"/>
<b>b. Agency Routing Identifier</b>	<input type="text"/>

<b>2. DATE SUBMITTED</b>	<b>Applicant Identifier</b>
<input type="text"/>	<input type="text"/>

<b>5. APPLICANT INFORMATION</b>	<b>* Organizational DUNS:</b> 969663814
* Legal Name: University of Florida	
Department: Division of Sponsored Research	Division: <input type="text"/>
* Street1: 219 Grinter Hall	
Street2: PO Box 115500	
* City: Gainesville	County / Parish: <input type="text"/>
* State: FL: Florida	Province: <input type="text"/>
* Country: USA: UNITED STATES	* ZIP / Postal Code: 32611-5500

Person to be contacted on matters involving this application		
Prefix: Dr.	* First Name: Thomas	Middle Name: <input type="text"/>
* Last Name: Walsh	Suffix: PhD	
* Phone Number: 352-392-1582	Fax Number: 352-392-4400	
Email: ufawards@ufl.edu		

<b>6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):</b>	596002052
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<b>7. * TYPE OF APPLICANT:</b>	H: Public/State Controlled Institution of Higher Education
Other (Specify): <input type="text"/>	
<b>Small Business Organization Type</b>	<input type="checkbox"/> Women Owned <input type="checkbox"/> Socially and Economically Disadvantaged

<b>8. * TYPE OF APPLICATION:</b>	If Revision, mark appropriate box(es).
<input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission	<input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration
<input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<input type="checkbox"/> E. Other (specify): <input type="text"/>

* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies? <input type="text"/>
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<b>9. * NAME OF FEDERAL AGENCY:</b>	<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b>
National Institutes of Health	TITLE: <input type="text"/>

<b>11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b>
Genetic Regulation

<b>12. PROPOSED PROJECT:</b>	<b>* 13. CONGRESSIONAL DISTRICT OF APPLICANT</b>
* Start Date: 02/01/2012	* Ending Date: 01/31/2017
FL-006	

<b>14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION</b>		
Prefix: Dr.	* First Name: Mary	Middle Name: <input type="text"/>
* Last Name: Hoffman	Suffix: <input type="text"/>	
Position/Title: Professor		
* Organization Name: University of Florida		
Department: Molecular Genetics	Division: <input type="text"/>	
* Street1: 1600 SW Archer Road		
Street2: PO Box 115522		
* City: Gainesville	County / Parish: <input type="text"/>	
* State: FL: Florida	Province: <input type="text"/>	
* Country: USA: UNITED STATES	* ZIP / Postal Code: 32611-5522	
* Phone Number: 352-392-4526	Fax Number: 352-392-7878	
* Email: hoffman@ufl.edu		

<p><b>15. ESTIMATED PROJECT FUNDING</b></p> <p>a. Total Federal Funds Requested <input type="text" value="869,982.00"/></p> <p>b. Total Non-Federal Funds <input type="text" value="0.00"/></p> <p>c. Total Federal &amp; Non-Federal Funds <input type="text" value="869,982.00"/></p> <p>d. Estimated Program Income <input type="text" value="0.00"/></p>	<p><b>16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b></p> <p>a. YES <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE: <input type="text"/></p> <p>b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
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**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 or other Explanatory Documentation**

**19. Authorized Representative**

Prefix:  \* First Name:  Middle Name:

\* Last Name:  Suffix:

\* Position/Title:

\* Organization:

Department:  Division:

\* Street1:

Street2:

\* City:  County / Parish:

\* State:  Province:

\* Country:  \* ZIP / Postal Code:

\* Phone Number:  Fax Number:

\* Email:

<p><b>* Signature of Authorized Representative</b></p> <p><input type="text" value="Completed on submission to Grants.gov"/></p>	<p><b>* Date Signed</b></p> <p><input type="text" value="Completed on submission to Grants.gov"/></p>
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**20. Pre-application**

### 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:

DUNS Number:

\* Street1:

Street2:

\* City:  County:

\* State:

Province:

\* Country:

\* ZIP / Postal Code:

\* Project/ Performance Site Congressional District:



#### Project/Performance Site Location 1

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:

DUNS Number:

\* Street1:

Street2:

\* City:  County:

\* State:

Province:


\* Country:

\* ZIP / Postal Code:

\* Project/ Performance Site Congressional District:

Additional Location(s)

# RESEARCH & RELATED Other Project Information

1. \* Are Human Subjects Involved?  Yes  No 


1.a If YES to Human Subjects


Is the Project Exempt from Federal regulations?  Yes  No

If yes, check appropriate exemption number.  1  2  3  4  5  6

If no, is the IRB review Pending?  Yes  No

IRB Approval Date:


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. \* Is the research performance site designated, or eligible to be designated, as a historic place?  Yes  No


5.a. If yes, please explain:

6. \* Does this project involve activities outside of the United States or partnerships with international collaborators?  Yes  No


6.a. If yes, identify countries:

6.b. Optional Explanation:  


7. \* Project Summary/Abstract  

8. \* Project Narrative  

9. Bibliography & References Cited

10. Facilities & Other Resources  

11. Equipment

12. Other Attachments  

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

PROFILE - Project Director/Principal Investigator			
Prefix:	Dr.	* First Name:	Mary
Middle Name:			
* Last Name:	Hoffman	Suffix:	
Position/Title:	Professor	Department:	Molecular Genetics
Organization Name:	University of Florida	Division:	
* Street1:	1600 SW Archer Road		
Street2:	PO Box 115522		
* City:	Gainesville	County/ Parish:	
* State:	FL: Florida	Province:	
* Country:	USA: UNITED STATES	* Zip / Postal Code:	32611-5522
* Phone Number:	352-392-4526	Fax Number:	352-392-7878
* E-Mail:	hoffman@ufl.edu		
Credential, e.g., agency login:	Hoffman	<b>Note: PI's Username in Commons - Mandatory Field</b>	
* Project Role:	PD/PI	Other Project Role Category:	
Degree Type:	MD		
Degree Year:	1996		
*Attach Biographical Sketch	example.pdf	Add Attachment	Delete Attachment View Attachment
Attach Current & Pending Support		Add Attachment	Delete Attachment View Attachment



PROFILE - Senior/Key Person 1			
Prefix:		* First Name:	John
Middle Name:			
* Last Name:	Smith	Suffix:	
Position/Title:	Post-Doctoral	Department:	Medicine
Organization Name:	University of Florida	Division:	
* Street1:	1600 SW Archer Road		
Street2:			
* City:	Gainesville	County/ Parish:	
* State:	FL: Florida	Province:	
* Country:	USA: UNITED STATES	* Zip / Postal Code:	32601-5522
* Phone Number:	352-392-4578	Fax Number:	352-392-8988
* E-Mail:	johsmith@medicine.ufl.edu		
Credential, e.g., agency login:	josmith		
* Project Role:	Post Doctoral Associate	Other Project Role Category:	
Degree Type:	PhD		
Degree Year:	1994		
*Attach Biographical Sketch	example.pdf	Add Attachment	Delete Attachment View Attachment
Attach Current & Pending Support		Add Attachment	Delete Attachment View Attachment



Delete Entry

Next Person

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

PROFILE - Senior/Key Person 2			
Prefix:	<input type="text"/>	* First Name:	<input type="text" value="Kim"/>
		Middle Name:	<input type="text"/>
* Last Name:	<input type="text" value="Jones"/>	Suffix:	<input type="text" value="M.D."/>
Position/Title:	<input type="text" value="Professor"/>	Department:	<input type="text" value="Medicine"/>
Organization Name:	<input type="text" value="University of Florida"/>		Division: <input type="text"/>
* Street1:	<input type="text" value="1600 SW Archer Road"/>		
Street2:	<input type="text"/>		
* City:	<input type="text" value="Gainesville"/>	County/ Parish:	<input type="text"/>
* State:	<input type="text" value="FL: Florida"/>	Province:	<input type="text"/>
* Country:	<input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code:	<input type="text" value="32601-4545"/>
* Phone Number:	<input type="text" value="352-392-6458"/>	Fax Number:	<input type="text" value="352-273-9656"/>
* E-Mail:	<input type="text" value="joneskim@medicine.ufl.edu"/>		
Credential, e.g., agency login:	<input type="text"/>		
* Project Role:	<input type="text" value="Other (Specify)"/>	Other Project Role Category:	<input type="text" value="Other Significant Contributor"/>
Degree Type:	<input type="text"/>		
Degree Year:	<input type="text"/>		
*Attach Biographical Sketch	<input type="text" value="example.pdf"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
		<input type="button" value="View Attachment"/>	
Attach Current & Pending Support	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>
		<input type="button" value="View Attachment"/>	
<input type="button" value="Delete Entry"/>		<input type="button" value="Next Person"/>	

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

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

**2. Human Subjects**

Clinical Trial?  No  Yes  
\* Agency-Defined Phase III Clinical Trial?  No  Yes

**3. Applicant Organization Contact**

Person to be contacted on matters involving this application

Prefix:  \* First Name:   
Middle Name:   
\* Last Name:   
Suffix:   
\* Phone Number:  Fax Number:   
Email:



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







# PHS 398 Research Plan

## 1. Application Type:

From SF 424 (R&R) Cover Page. The response provided on that page, regarding the type of application being submitted, is repeated for your reference, as you attach the appropriate sections of the Research Plan.

\*Type of Application:

- New
  Resubmission
  Renewal
  Continuation
  Revision

## 2. Research Plan Attachments:

Please attach applicable sections of the research plan, below.

- |  |  |   |  |  |
|--|--|---|--|--|
| 1. Introduction to Application<br><small>(for RESUBMISSION or REVISION only)</small> | <input type="text" value=""/>            | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 2. Specific Aims   | <input type="text" value="example.pdf"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 3. *Research Strategy  | <input type="text" value="example.pdf"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 4. Inclusion Enrollment Report   | <input type="text" value=""/>            | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 5. Progress Report Publication List  | <input type="text" value=""/>            | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |

### Human Subjects Sections



- |                                      |  |   |  |  |
|--------------------------------------|--|---|--|--|
| 6. Protection of Human Subjects      | <input type="text" value="example.pdf"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 7. Inclusion of Women and Minorities | <input type="text" value="example.pdf"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 8. Targeted/Planned Enrollment Table | <input type="text" value="example.pdf"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 9. Inclusion of Children             | <input type="text" value="example.pdf"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |

### Other Research Plan Sections

- |   |  |   |  |  |
|---|--|---|--|--|
| 10. Vertebrate Animals                  | <input type="text" value="example.pdf"/> | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 11. Select Agent Research               | <input type="text" value=""/>            | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 12. Multiple PD/PI Leadership Plan      | <input type="text" value=""/>            | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 13. Consortium/Contractual Arrangements | <input type="text" value=""/>            | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 14. Letters of Support                  | <input type="text" value=""/>            | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |
| 15. Resource Sharing Plan(s)            | <input type="text" value=""/>            | <input type="button" value="Add Attachment"/> | <input type="button" value="Delete Attachment"/> | <input type="button" value="View Attachment"/> |

- |              |  |  |   |   |
|--------------|--|--|---|---|
| 16. Appendix |  | <input type="button" value="Add Attachments"/> | <input type="button" value="Remove Attachments"/> | <input type="button" value="View Attachments"/> |
|--------------|--|--|---|---|

# PHS 398 Checklist

OMB Number: 0925-0001

## 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

Federal Identifier:

## 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="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**5. \* 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

## 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 PDF 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	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
2) Please attach Attachment 2	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
3) Please attach Attachment 3	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
4) Please attach Attachment 4	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
5) Please attach Attachment 5	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
6) Please attach Attachment 6	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
7) Please attach Attachment 7	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
8) Please attach Attachment 8	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
9) Please attach Attachment 9	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
10) Please attach Attachment 10	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
11) Please attach Attachment 11	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
12) Please attach Attachment 12	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
13) Please attach Attachment 13	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
14) Please attach Attachment 14	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
15) Please attach Attachment 15	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
16) Please attach Attachment 16	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
17) Please attach Attachment 17	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
18) Please attach Attachment 18	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
19) Please attach Attachment 19	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
20) Please attach Attachment 20	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
21) Please attach Attachment 21	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
22) Please attach Attachment 22	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
23) Please attach Attachment 23	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
24) Please attach Attachment 24	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
25) Please attach Attachment 25	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
26) Please attach Attachment 26	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
27) Please attach Attachment 27	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
28) Please attach Attachment 28	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
29) Please attach Attachment 29	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
30) Please attach Attachment 30	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>

Use the Modular Budget format for requests up to \$250,000 per year in Direct Costs. Only the Modular Budget pages **OR** the Detailed budget pages should be included.

## PHS 398 Modular Budget

OMB Number: 0925-0001

Budget Period: <b>1</b>				
Start Date:	<input type="text" value="02/01/2012"/>	End Date:	<input type="text" value="01/31/2013"/>	
<b>A. Direct Costs</b>			Funds Requested (\$)	
Direct Cost less Consortium F&A			<input type="text" value="125,000.00"/>	
Consortium F&A			<input type="text"/>	
Total Direct Costs			<input type="text" value="125,000.00"/>	
<b>B. Indirect Costs</b>				
	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
1.	<input type="text" value="MTDC"/>	<input type="text" value="46.50"/>	<input type="text" value="102,667.00"/>	<input type="text" value="47,740.00"/>
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 Darryl Mayes 301-492-4855		
Indirect Cost Rate Agreement Date			Total Indirect Costs	<input type="text" value="47,740.00"/>
			Total Indirect Costs	<input type="text" value="47,740.00"/>
<b>C. Total Direct and Indirect Costs (A + B)</b>			Funds Requested (\$)	<input type="text" value="172,740.00"/>

Budget Period: <b>2</b>				
Start Date:	<input type="text" value="02/01/2013"/>	End Date:	<input type="text" value="01/31/2014"/>	
<b>A. Direct Costs</b>			Funds Requested (\$)	
Direct Cost less Consortium F&A			<input type="text" value="125,000.00"/>	
Consortium F&A			<input type="text"/>	
Total Direct Costs			<input type="text" value="125,000.00"/>	
<b>B. Indirect Costs</b>				
	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
1.	<input type="text" value="MTDC"/>	<input type="text" value="46.50"/>	<input type="text" value="110,817.00"/>	<input type="text" value="51,529.00"/>
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 Darryl Mayes 301-492-4855		
Indirect Cost Rate Agreement Date			Total Indirect Costs	<input type="text" value="51,529.00"/>
			Total Indirect Costs	<input type="text" value="51,529.00"/>
<b>C. Total Direct and Indirect Costs (A + B)</b>			Funds Requested (\$)	<input type="text" value="176,529.00"/>

# PHS 398 Modular Budget

Budget Period: 3			
Start Date:	<input type="text" value="02/01/2014"/>	End Date:	<input type="text" value="01/31/2015"/>
<b>A. Direct Costs</b>			Funds Requested (\$)
Direct Cost less Consortium F&A			<input type="text" value="125,000.00"/>
Consortium F&A			<input type="text"/>
Total Direct Costs			<input type="text" value="125,000.00"/>
<b>B. Indirect Costs</b>			
	Indirect Cost Type	Indirect Cost Rate (%)	Funds Requested (\$)
1.	<input type="text" value="MTDC"/>	<input type="text" value="46.50"/>	<input type="text" value="50,540.00"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cognizant Agency (Agency Name, POC Name and Phone Number)		<input type="text" value="DHHS&lt;br/&gt;Darryl Mayes&lt;br/&gt;301-492-4855"/>	
Indirect Cost Rate Agreement Date		Total Indirect Costs	<input type="text" value="50,540.00"/>
		Total Indirect Costs	<input type="text" value="50,540.00"/>
<b>C. Total Direct and Indirect Costs (A + B)</b>			Funds Requested (\$)
			<input type="text" value="175,540.00"/>

Budget Period: 4			
Start Date:	<input type="text" value="02/01/2015"/>	End Date:	<input type="text" value="01/31/2016"/>
<b>A. Direct Costs</b>			Funds Requested (\$)
Direct Cost less Consortium F&A			<input type="text" value="125,000.00"/>
Consortium F&A			<input type="text"/>
Total Direct Costs			<input type="text" value="125,000.00"/>
<b>B. Indirect Costs</b>			
	Indirect Cost Type	Indirect Cost Rate (%)	Funds Requested (\$)
1.	<input type="text" value="MTDC"/>	<input type="text" value="46.50"/>	<input type="text" value="47,078.00"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cognizant Agency (Agency Name, POC Name and Phone Number)		<input type="text" value="DHHS&lt;br/&gt;Darryl Mayes&lt;br/&gt;301-492-4855"/>	
Indirect Cost Rate Agreement Date		Total Indirect Costs	<input type="text" value="47,078.00"/>
		Total Indirect Costs	<input type="text" value="47,078.00"/>
<b>C. Total Direct and Indirect Costs (A + B)</b>			Funds Requested (\$)
			<input type="text" value="172,078.00"/>

# PHS 398 Modular Budget

Budget Period: 5			
Start Date:	<input type="text" value="02/01/2016"/>	End Date:	<input type="text" value="01/31/2017"/>
<b>A. Direct Costs</b>			Funds Requested (\$)
Direct Cost less Consortium F&A			<input type="text" value="125,000.00"/>
Consortium F&A			<input type="text"/>
Total Direct Costs			<input type="text" value="125,000.00"/>
<b>B. Indirect Costs</b>			
	Indirect Cost Type	Indirect Cost Rate (%)	Funds Requested (\$)
1.	<input type="text" value="MTDC"/>	<input type="text" value="46.50"/>	<input type="text" value="48,095.00"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cognizant Agency (Agency Name, POC Name and Phone Number)		<input type="text" value="DHHS&lt;br/&gt;Darryl Mayes&lt;br/&gt;301-492-4855"/>	
Indirect Cost Rate Agreement Date		Total Indirect Costs	
<input type="text" value="07/06/2011"/>		<input type="text" value="48,095.00"/>	
<b>C. Total Direct and Indirect Costs (A + B)</b>			Funds Requested (\$)
			<input type="text" value="173,095.00"/>

Cumulative Budget Information	
<b>1. Total Costs, Entire Project Period</b>	
Section A, Total Direct Cost less Consortium F&A for Entire Project Period	\$ <input type="text" value="625,000.00"/>
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" value="625,000.00"/>
Section B, Total Indirect Costs for Entire Project Period	\$ <input type="text" value="244,982.00"/>
Section C, Total Direct and Indirect Costs (A+B) for Entire Project Period	\$ <input type="text" value="869,982.00"/>
<b>2. Budget Justifications</b>	
Personnel Justification	<input type="text" value="example.pdf"/> <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 A & B**

**Use this Detailed budget format for requests over \$250,000 per year in Direct Costs or for FOA's that specifically require. Use the Modular Budget format for any request under \$250,000 per year Direct Costs. Only Detailed OR Modular pages should be included.**

\* ORGANIZATIONAL DUNS:

\* Budget Type:  Project  Subaward/Consortium

Enter name of Organization:

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

**A. Senior/Key Person**

Prefix	* First Name	Middle Name	* Last Name	Suffix	* Project Role	Base Salary (\$)	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)	
1.	Dr.	Mary	Hoffman		PD/PI	180,000.00	1.20			18,000.00	4,842.00	22,842.00	
2.	Dr.	John	Smith		Post-doc	42,500.00	2.40			8,500.00	705.00	9,205.00	
3.													
4.													
5.													
6.													
7.													
8.													
9. Total Funds requested for all Senior Key Persons in the attached file													
												Total Senior/Key Person	32,047.00

Additional Senior Key Persons:

**B. Other Personnel**

* Number of Personnel	* Project Role	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)	
	Post Doctoral Associates							
1	Graduate Students		9.00		22,000.00	1,826.00	23,826.00	
	Undergraduate Students							
	Secretarial/Clerical							
1	<b>Total Number Other Personnel</b>							
							<b>Total Other Personnel</b>	23,826.00
							<b>Total Salary, Wages and Fringe Benefits (A+B)</b>	55,873.00

Close Form

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

\* ORGANIZATIONAL DUNS: 9696638140000

\* Budget Type:  Project  Subaward/Consortium

Enter name of Organization: University of Florida

\* Start Date: 02/01/2012 \* End Date: 01/31/2013 Budget Period 1

C. Equipment Description

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

Equipment item	* Funds Requested (\$)
1. equipment	10,000.00
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11. Total funds requested for all equipment listed in the attached file	
<b>Total Equipment</b>	10,000.00

Additional Equipment:

Add Attachment

Delete Attachment

View Attachment

D. Travel

Funds Requested (\$)

1. Domestic Travel Costs ( Incl. Canada, Mexico and U.S. Possessions)	3,000.00
2. Foreign Travel Costs	
<b>Total Travel Cost</b>	3,000.00

E. Participant/Trainee Support Costs

Funds Requested (\$)

1. Tuition/Fees/Health Insurance	
2. Stipends	
3. Travel	
4. Subsistence	
5. Other	

Number of Participants/Trainees Total Participant/Trainee Support Costs



Close Form



Next Period

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

\* ORGANIZATIONAL DUNS: 9696638140000

\* Budget Type:  Project  Subaward/Consortium

Enter name of Organization: University of Florida

\* Start Date: 02/01/2012 \* End Date: 01/31/2013 Budget Period 1

F. Other Direct Costs	Funds Requested (\$)
1. Materials and Supplies	43,794.00
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. tuition	12,333.00
9.	
10.	
<b>Total Other Direct Costs</b>	<b>56,127.00</b>

G. Direct Costs	Funds Requested (\$)
<b>Total Direct Costs (A thru F)</b>	<b>125,000.00</b>

H. Indirect Costs	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	MTDC	46.50	102,667.00	47,740.00
2.				
3.				
4.				
<b>Total Indirect Costs</b>				<b>47,740.00</b>

Cognizant Federal Agency DHHS Darryl Mayes 301-492-4855  
(Agency Name, POC Name, and POC Phone Number)

I. Total Direct and Indirect Costs	Funds Requested (\$)
<b>Total Direct and Indirect Institutional Costs (G + H)</b>	<b>172,740.00</b>

J. Fee	Funds Requested (\$)

K. \* Budget Justification

(Only attach one file.)

## RESEARCH & RELATED BUDGET - Cumulative Budget



### Totals (\$)

<b>Section A, Senior/Key Person</b>		170,141.00
<b>Section B, Other Personnel</b>		166,662.00
Total Number Other Personnel	8	
<b>Total Salary, Wages and Fringe Benefits (A+B)</b>		336,803.00
<b>Section C, Equipment</b>		15,000.00
<b>Section D, Travel</b>		10,500.00
1. Domestic	10,500.00	
2. Foreign		
<b>Section E, Participant/Trainee Support Costs</b>		
1. Tuition/Fees/Health Insurance		
2. Stipends		
3. Travel		
4. Subsistence		
5. Other		
6. Number of Participants/Trainees		
<b>Section F, Other Direct Costs</b>		262,697.00
1. Materials and Supplies	172,546.00	
2. Publication Costs	2,000.00	
3. Consultant Services	5,000.00	
4. ADP/Computer Services		
5. Subawards/Consortium/Contractual Costs		
6. Equipment or Facility Rental/User Fees		
7. Alterations and Renovations		
8. Other 1	83,151.00	
9. Other 2		
10. Other 3		
<b>Section G, Direct Costs (A thru F)</b>		625,000.00
<b>Section H, Indirect Costs</b>		244,982.00
<b>Section I, Total Direct and Indirect Costs (G + H)</b>		869,982.00
<b>Section J, Fee</b>		