

Program Director/Principal Investigator (Last, First, Middle):

DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY						FROM 7/1/10	THROUGH 6/30/11	
PERSONNEL <i>(Applicant organization only)</i>		Months Devoted to Project			INST.BASE SALARY	DOLLAR AMOUNT REQUESTED <i>(omit cents)</i>		
NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Summer Mnths		SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	PD/PI							
SUBTOTALS →								39,265
CONSULTANT COSTS								1,000
EQUIPMENT <i>(Itemize)</i>								0
SUPPLIES <i>(Itemize by category)</i>								1,000
TRAVEL								2,000
PATIENT CARE COSTS		INPATIENT						
		OUTPATIENT						
ALTERATIONS AND RENOVATIONS <i>(Itemize by category)</i>								
OTHER EXPENSES <i>(Itemize by category)</i> Stipends = \$21,180; Tuition and Fees = \$25,000; Trainee Travel = \$5,000								51,180
CONSORTIUM/CONTRACTUAL COSTS					DIRECT COSTS			
SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD <i>(Item 7a, Face Page)</i>								\$ 94,445
CONSORTIUM/CONTRACTUAL COSTS					FACILITIES AND ADMINISTRATIVE COSTS			
TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD								\$ 94,445

**Institutional Training Initial
Budget Period Substitute Page**

Program Director/Principal Investigator:
(Last, first, middle)

DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY (Institutional Training Substitute Page)	FROM	THROUGH
STIPENDS		DOLLAR TOTAL
PREDOCTORAL (Name trainees and level of training.)	No. Requested: 1	21,180
POSTDOCTORAL <i>(Itemize)</i>	No. Requested:	
OTHER <i>(Specify)</i>	No. Requested:	
TOTAL STIPENDS →		21,180
TUITION and FEES <i>(Itemize)</i> (Name trainees)		25,000
TRAINEE TRAVEL <i>(Describe)</i> (Name trainees)		5,000
TRAINING-RELATED EXPENSES (including Health Insurance) 12,000 x 5 = 60,000 – 16,375 = 43,265		43,265
TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD <i>(Also enter on Face Page, Item 7)</i>		\$ 94,445

CHECKLIST

TYPE OF APPLICATION (Check all that apply.)

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

INVENTIONS AND PATENTS (Renewal appl. only) No Yes
 If "Yes," Previously reported 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 policies, assurances and/or certifications listed in the application instructions when applicable. Descriptions of individual assurances/certifications are provided in Part III and listed in Part I, 4.1 under Item 14. If unable to certify compliance, where applicable, provide an explanation and place it after this page.

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 _____ Date _____

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 \$	69,445	x Rate applied	8	% = F&A costs	\$	5,555	
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							\$	

*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.): _____

4. 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