

Opportunity Title:	Research On Adherence To Interventions For Mental Disor	
Offering Agency:	National Institutes of Health	
CFDA Number:	93.242	
CFDA Description:	Mental Health Research Grants	
Opportunity Number:	PA-07-076	
Competition ID:	VERSION-2A-FORMS	
Opportunity Open Date:	01/05/2007	
Opportunity Close Date:	05/02/2009	
Agency Contact:	Grants Info TTY 301-451-0088 E-mail: GrantsInfo@nih.gov	▲ ▼

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.

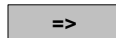
* Application Filing Name:

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

Move Form to Submission List



Move Form to Documents List



Mandatory Completed Documents for Submission

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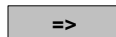
Open Form

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



Move Form to Documents List



Optional Completed Documents for Submission

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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: **Research On Adherence To Interventions For Mental Disorders**

Offering Agency: **National Institutes of Health**

CFDA Number: **93.242**

CFDA Description: **Mental Health Research Grants**

Opportunity Number: **PA-07-076**

Competition ID: **VERSION-2A-FORMS**

Opportunity Open Date: **01/05/2007**

Opportunity Close Date: **05/02/2009**

Application Filing Name : **Enter PI name here**

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	State Application Identifier
4. Federal Identifier	

1. * TYPE OF SUBMISSION

Pre-application Application
 Changed/Corrected Application

5. APPLICANT INFORMATION * Organizational DUNS: 800771545

* Legal Name: UT Southwestern Medical Center

Department: Research Administration Division: _____

* Street1: 5323 Harry Hines Blvd Street2: _____

* City: Dallas County: Dallas * State: TX: Texas

Province: _____ * Country: UNITED ST * ZIP / Postal Code: 75390-9105

Person to be contacted on matters involving this application

Prefix: * First Name: Cheryl Middle Name: _____ * Last Name: Anderson Suffix: _____

* Phone Number: 214-648-4483 Fax Number: 214-648-4474 Email: grants.mgt@utsouthwestern.edu

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

1756002868A4

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): _____

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

93.242

TITLE: Mental Health Research Grants

* Is this application being submitted to other agencies? Yes No

What other Agencies? _____

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

Enter title here - 81 character limit

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

n/a

13. PROPOSED PROJECT:

* Start Date: 12/01/2007 * Ending Date: 11/30/2010

14. CONGRESSIONAL DISTRICTS OF:

a. * Applicant: TX-030 b. * Project: TX-030

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: John Middle Name: J * Last Name: Smith Suffix: _____

Position/Title: Assistant Professor * Organization Name: UT Southwestern Medical Center

Department: Psychiatry Division: School of Medicine

* Street1: 5323 Harry Hines Blvd Street2: _____

* City: Dallas County: Dallas * State: TX: Texas

Province: _____ * Country: UNITED ST * ZIP / Postal Code: 75390-9105

* Phone Number: 214-648-5555 Fax Number: 214-648-5554 * Email: john.smith@utsouthwestern.edu

<p>16. ESTIMATED PROJECT FUNDING</p> <p>a. * Total Estimated Project Funding <input style="width:150px;" type="text" value="981,250.00"/></p> <p>b. * Total Federal & Non-Federal Funds <input style="width:150px;" type="text" value="981,250.00"/></p> <p>c. * Estimated Program Income <input style="width:150px;" type="text" value="0.00"/></p>	<p>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</p> <p>a. YES <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:</p> <p>DATE:</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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18. 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.

19. Authorized Representative

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

* Position/Title: * Organization:

Department: Division:

* Street1: Street2:

* City: County: * State:

Province: * Country: * ZIP / Postal Code:

* Phone Number: Fax Number: * Email:

*** Signature of Authorized Representative** *** Date Signed**

Completed on submission to Grants.gov Completed on submission to Grants.gov

20. Pre-application

21. Attach an additional list of Project Congressional Districts if needed.

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Project Director/Principal Investigator

Prefix	* First Name	Middle Name	* Last Name	Suffix
<input type="text" value="Dr."/>	<input type="text" value="John"/>	<input type="text" value="J"/>	<input type="text" value="Smith"/>	<input type="text"/>
Position/Title: <input type="text" value="Assistant Professor"/>		Department: <input type="text" value="Psychiatry"/>		
Organization Name: <input type="text" value="UT Southwestern Medical Center"/>		Division: <input type="text" value="School of Medicine"/>		
* Street1: <input type="text" value="5323 Harry Hines Blvd"/>		Street2: <input type="text"/>		
* City: <input type="text" value="Dallas"/>	County: <input type="text" value="Dallas"/>	* State: <input type="text" value="TX: Texas"/>	Province: <input type="text"/>	
* Country: <input type="text" value="UNITED ST/"/>	* Zip / Postal Code: <input type="text" value="75390-9105"/>			
* Phone Number		Fax Number	* E-Mail	
<input type="text" value="214-648-5555"/>		<input type="text" value="214-648-5554"/>	<input type="text" value="john.smith@utsouthwestern.edu"/>	
Credential, e.g., agency login: <input type="text" value="jsmith"/>				
* Project Role: <input type="text" value="PD/PI"/>		Other Project Role Category: <input type="text"/>		
*Attach Biographical Sketch		<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete 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"/>				

PROFILE - Senior/Key Person 1

Prefix	* First Name	Middle Name	* Last Name	Suffix
<input type="text" value="Dr."/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Position/Title: <input type="text"/>		Department: <input type="text"/>		
Organization Name: <input type="text"/>		Division: <input type="text"/>		
* Street1: <input type="text"/>		Street2: <input type="text"/>		
* City: <input type="text"/>	County: <input type="text"/>	* State: <input type="text" value="TX: Texas"/>	Province: <input type="text"/>	
* Country: <input type="text" value="UNITED ST/"/>	* Zip / Postal Code: <input type="text"/>			
* Phone Number		Fax Number	* E-Mail	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Credential, e.g., agency login: <input type="text"/>				
* Project Role: <input type="text" value="Faculty"/>		Other Project Role Category: <input type="text"/>		
*Attach Biographical Sketch		<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete 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="Reset Entry"/>		<input type="button" value="Select to attach additional Senior/Key Person Forms"/>		<input type="button" value="Next Person"/>

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.

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

ADDITIONAL SENIOR/KEY PERSON PROFILE(S)

<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
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Additional Biographical Sketch(es) (Senior/Key Person)

<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
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Additional Current and Pending Support(s)

<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
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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

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)

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

* New Investigator? No Yes

Degrees:

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:

* 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

2. Research Plan Attachments:

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

PHS 398 Checklist

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

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="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

PHS 398 Modular Budget, Periods 1 and 2

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

Budget Period: 1

 Start Date:

 End Date:

A. Direct Costs

	* Funds Requested (\$)
* Direct Cost less Consortium F&A	<input type="text" value="225,000.00"/>
Consortium F&A	<input type="text"/>
* Total Direct Costs	<input type="text" value="225,000.00"/>

B. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input type="text" value="Modified Total Direct Costs"/>	<input type="text" value="57"/>	<input type="text" value="225,000.00"/>	<input type="text" value="128,250.00"/>
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)

 Indirect Cost Rate Agreement Date

 Total Indirect Costs

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

 Funds Requested (\$)

Budget Period: 2

 Start Date:

 End Date:

A. Direct Costs

	* Funds Requested (\$)
* Direct Cost less Consortium F&A	<input type="text" value="200,000.00"/>
Consortium F&A	<input type="text"/>
* Total Direct Costs	<input type="text" value="200,000.00"/>

B. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input type="text" value="Modified Total Direct Costs"/>	<input type="text" value="57"/>	<input type="text" value="200,000.00"/>	<input type="text" value="114,000.00"/>
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)

 Indirect Cost Rate Agreement Date

 Total Indirect Costs

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

 Funds Requested (\$)

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 (\$)

* Direct Cost less Consortium F&A	<input type="text" value="200,000.00"/>
Consortium F&A	<input type="text"/>
* Total Direct Costs	<input type="text" value="200,000.00"/>

B. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input type="text" value="Modified Total Direct Costs"/>	<input type="text" value="57"/>	<input type="text" value="200,000.00"/>	<input type="text" value="114,000.00"/>
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)

Indirect Cost Rate Agreement Date

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 (\$)

* 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.	<input type="text"/>	<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)

Indirect Cost Rate Agreement Date

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 (\$)

* Direct Cost less Consortium F&A

Consortium F&A

* Total Direct Costs

B. Indirect Costs

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

Indirect Cost Rate Agreement Date

Total Indirect Costs

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

Funds Requested (\$)

Cumulative Budget Information

1. Total Costs, Entire Project Period

* 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="356,250.00"/>
* Section C, Total Direct and Indirect Costs (A+B) for Entire Project Period	\$ <input type="text" value="981,250.00"/>

2. Budget Justifications

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 A & B, 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 form.)

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.	John	J	Smith		PD/PI	139,100.00	12.00			41,730.00	7,482.00	49,212.00
2.	Dr.												
3.													
4.													
5.													
6.													
7.													
8.													

9. Total Funds requested for all Senior Key Persons in the attached file Total Senior/Key Person

Additional Senior Key Persons:

B. Other Personnel

* Number of Personnel	* Project Role	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)
<input type="text" value="1"/>	Post Doctoral Associates	12.00			24,600.00	6,704.00	31,304.00
<input type="text"/>	Graduate Students						
<input type="text"/>	Undergraduate Students						
<input type="text"/>	Secretarial/Clerical						
<input type="text" value="1"/>	Research Assistant	12.00			35,000.00	10,703.00	45,703.00
<input type="text" value="2"/>	Research Assistant	12.00			35,000.00	10,703.00	45,703.00
<input type="text"/>							
<input type="text"/>							
<input type="text"/>							
<input type="text" value="4"/>	Total Number Other Personnel						
						Total Other Personnel	<input type="text" value="122,710.00"/>
						Total Salary, Wages and Fringe Benefits (A+B)	<input type="text" value="171,922.00"/>

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"/>	0.00
2.	<input type="text"/>	
3.	<input type="text"/>	
4.	<input type="text"/>	
5.	<input type="text"/>	
6.	<input type="text"/>	
7.	<input type="text"/>	
8.	<input type="text"/>	
9.	<input type="text"/>	
10.	<input type="text"/>	
11.	Total funds requested for all equipment listed in the attached file	
	Total Equipment	0.00

Additional Equipment:

D. Travel

		Funds Requested (\$)
1.	Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	800.00
2.	Foreign Travel Costs	
	Total Travel Cost	800.00

E. Participant/Trainee Support Costs

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

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

F. Other Direct Costs	Funds Requested (\$)
1. Materials and Supplies	<input type="text" value="14,502.00"/>
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" value="13,760.00"/>
6. Equipment or Facility Rental/User Fees	<input type="text"/>
7. Alterations and Renovations	<input type="text"/>
8. <input type="text" value="Patient incentive payments: \$11,592, plus patient travel reimbursement: \$2,35"/>	<input type="text" value="13,944.00"/>
9. <input type="text" value="Interpreter services for 5 non-English speaking patients: \$1,725"/>	<input type="text" value="1,725.00"/>
10. <input type="text" value="Phone services: \$1,176"/>	<input type="text" value="1,176.00"/>
Total Other Direct Costs	<input type="text" value="45,107.00"/>

G. Direct Costs	Funds Requested (\$)
Total Direct Costs (A thru F)	<input type="text" value="217,829.00"/>

H. Indirect Costs	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
Indirect Cost Type			
1. <input type="text"/>	<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" value="217,829.00"/>

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

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

RR_Budget3Section2

14,502.00

13,760.00

13,944.00

1,725.00

1,176.00

Patient incentive payments: \$11,592, plus

Interpreter services for 5 non-English spea

Phone services: \$1,176

45,107.00

217,829.00

217,829.00

RESEARCH & RELATED BUDGET - Cumulative Budget

		Totals (\$)
Section A, Senior/Key Person		49,212.00
Section B, Other Personnel		122,710.00
Total Number Other Personnel	4	
Total Salary, Wages and Fringe Benefits (A+B)		171,922.00
Section C, Equipment		0.00
Section D, Travel		800.00
1. Domestic	800.00	
2. Foreign		
Section E, Participant/Trainee Support Costs		
1. Tuition/Fees/Health Insurance		
2. Stipends		
3. Travel		
4. Subsistence		
5. Other		
6. Number of Participants/Trainees		
Section F, Other Direct Costs		45,107.00
1. Materials and Supplies	14,502.00	
2. Publication Costs		
3. Consultant Services		
4. ADP/Computer Services		
5. Subawards/Consortium/Contractual Costs	13,760.00	
6. Equipment or Facility Rental/User Fees		
7. Alterations and Renovations		
8. Other 1	13,944.00	
9. Other 2	1,725.00	
10. Other 3	1,176.00	
Section G, Direct Costs (A thru F)		217,829.00
Section H, Indirect Costs		
Section I, Total Direct and Indirect Costs (G + H)		217,829.00
Section J, Fee		

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		Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2		Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3		Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4		Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5		Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6		Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7		Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8		Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9		Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10		Add Attachment	Delete Attachment	View Attachment

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