

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

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.	Jane		Doe	M.D.	PD/PI	199,700.00	2.40			39,940.00	10,384.00	50,324.00
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9. Total Funds requested for all Senior Key Persons in the attached file												
Total Senior/Key Person												50,324.00

Additional Senior Key Persons:

B. Other Personnel

* Number of Personnel	* Project Role	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)	
<input type="text" value="1"/>	Post Doctoral Associates	12.00			40,000.00	10,400.00	50,400.00	
<input type="text"/>	Graduate Students							
<input type="text"/>	Undergraduate Students							
<input type="text"/>	Secretarial/Clerical							
<input type="text" value="1"/>	Project Coordinator	6.00			25,000.00	6,500.00	31,500.00	
<input type="text" value="1"/>	Research Assistant	12.00			30,000.00	7,800.00	37,800.00	
<input type="text"/>								
<input type="text"/>								
<input type="text"/>								
<input type="text"/>								
<input type="text" value="3"/>	Total Number Other Personnel						Total Other Personnel	119,700.00
Total Salary, Wages and Fringe Benefits (A+B)							170,024.00	

Close Form

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

* ORGANIZATIONAL DUNS: 0744387550000

* Budget Type: Project Subaward/Consortium

Enter name of Organization: Children's Memorial Hospital

* Start Date: 07/01/2011 * End Date: 06/30/2012 Budget Period 1

C. Equipment Description

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

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

Additional Equipment:

Add Attachment

Delete Attachment

View Attachment

D. Travel

Funds Requested (\$)

1.	Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	2,500.00
2.	Foreign Travel Costs	
	Total Travel Cost	2,500.00

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 {C-E} (Funds Requested)

Close Form

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

* ORGANIZATIONAL DUNS: 0744387550000

* Budget Type: [X] Project [] Subaward/Consortium

Enter name of Organization: Children's Memorial Hospital

* Start Date: 07/01/2011 * End Date: 06/30/2012 Budget Period 1

F. Other Direct Costs	Funds Requested (\$)
1. Materials and Supplies	30,000.00
2. Publication Costs	
3. Consultant Services	
4. ADP/Computer Services	
5. Subawards/Consortium/Contractual Costs	50,000.00
6. Equipment or Facility Rental/User Fees	
7. Alterations and Renovations	
8. Subject Payments	10,000.00
9.	
10.	
Total Other Direct Costs	90,000.00

G. Direct Costs	Funds Requested (\$)
Total Direct Costs (A thru F)	262,524.00

H. Indirect Costs	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	MTDC	47.00	262,542.00	123,386.00
2.				
3.				
4.				
Total Indirect Costs				123,386.00

Cognizant Federal Agency: DHHS, Denise Shirlee, 214-767-3313
(Agency Name, POC Name, and POC Phone Number)

I. Total Direct and Indirect Costs	Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)	385,910.00

J. Fee	Funds Requested (\$)

K. * Budget Justification: BudgetJustification.pdf
(Only attach one file.)

Add Attachment

Delete Attachment

View Attachment

RESEARCH & RELATED BUDGET - Cumulative Budget

Totals (\$)

Section A, Senior/Key Person		50,324.00
Section B, Other Personnel		119,700.00
Total Number Other Personnel	3	
Total Salary, Wages and Fringe Benefits (A+B)		170,024.00
Section C, Equipment		
Section D, Travel		2,500.00
1. Domestic	2,500.00	
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		90,000.00
1. Materials and Supplies	30,000.00	
2. Publication Costs		
3. Consultant Services		
4. ADP/Computer Services		
5. Subawards/Consortium/Contractual Costs	50,000.00	
6. Equipment or Facility Rental/User Fees		
7. Alterations and Renovations		
8. Other 1	10,000.00	
9. Other 2		
10. Other 3		
Section G, Direct Costs (A thru F)		262,524.00
Section H, Indirect Costs		123,386.00
Section I, Total Direct and Indirect Costs (G + H)		385,910.00
Section J, Fee		