

RESEARCH & RELATED BUDGET - Budget Period 1

OMB Number: 4040-0001
Expiration Date: 12/31/2022

ORGANIZATIONAL DUNS: **123456778**

Enter name of Organization: **Domestic University**

Budget Type:

Project

Budget Period: 1 Start Date:

07/01/2022

End Date:

06/30/2023

A. 070Senior/Key Person

Prefix	First	Middle	Last	Suffix	Base Salary (\$)	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
						Cal.	Acad.	Sum.			
Dr.	John		Smith			4.8			0.00	0.00	0.00

Project Role: **PD/PI**

Additional Senior Key Persons: **Total Funds requested for all Senior Key Persons in the attached file**

Total Senior/Key Person

B. Other Personnel

Number of Personnel	Project Role	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
		Cal.	Acad.	Sum.			
<input type="text"/>	Post Doctoral Associates	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Graduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Undergraduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Secretarial/Clerical	<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"/>

Total Number Other Personnel **Total Other Personnel**

Total Salary, Wages and Fringe Benefits (A+B) 0.00

C. Equipment Description

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

Equipment item	Funds Requested (\$)
PCR thermal cycler	\$9,000

Additional Equipment:

Add Attachment

Delete Attachment

View Attachment

Total funds requested for all equipment listed in the attached file

Total Equipment

9,000

D. Travel

Funds Requested (\$)

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

Total Travel Cost

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

F. Other Direct Costs

Funds Requested (\$)

- 1. Materials and Supplies
- 2. Publication Costs
- 3. Consultant Services
- 4. ADP/Computer Services
- 5. Subawards/Consortium/Contractual Costs
- 6. Equipment or Facility Rental/User Fees
- 7. Iterations and Renovations

8. Requested Direct Costs

9.

10.

241,000

Total Other Direct Costs

G. Direct Costs

Funds Requested (\$)

Total Direct Costs (A thru F) 250,000.00

H. Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
MTDC	51	\$241,000.00	\$122,910.00

Total Indirect Costs 122,910.00

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

I. Total Direct and Indirect Costs

Total Direct and Indirect Institutional Costs (G + H) 372,910.00

J. Fee

Funds Requested (\$)

K. Total Costs and Fee

Total Costs and Fee (I + J) 372,910.00

L. Budget Justification

(Only attach one file.)

Budget Justification:

Equipment: PCR thermal cycler is required to conduct some of the experiments proposed in the application.

F&A Base: \$9,000 is excluded from the F&A base for equipment.

Note to applicants: *If there is no equipment in budget years 2-5, budget can be requested up to \$250K DC (plus applicable F&A) for an ESI MIRA. This sample form is for year 1 and separate budget forms must be filled for years 2-5 for the application.*