

RESEARCH & RELATED BUDGET - Budget Period 1

OMB Number: 4040-0001
Expiration Date: 11/30/2025

UEI: KXXXXXXXXXX

Enter name of Organization: Domestic University

Budget Type: Project Subaward/Consortium

Budget Period: 1 Start Date: 07-01-2025 End Date: 06-30-2026

A. Senior/Key Person

Prefix	First	Middle	Last	Suffix	Base Salary (\$)	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
						Cal.	Acad.	Sum.			
	Rachel		Khan	PD/PI		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 0.00

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 (\$)

Thermal cycler

11,000.00

Additional Equipment:

Add Attachment

Delete Attachment

View Attachment

Total funds requested for all equipment listed in the attached file

11,000.00

Total Equipment

11,000.00

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. Alterations and Renovations	
8. Requested Direct Costs	264,000.00
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
Total Other Direct Costs	264,000.00

G. Direct Costs

Funds Requested (\$)

Total Direct Costs (A thru F) 275,000.00

H. Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
MTDC	55	264,000.00	145,200.00
Total Indirect Costs			145,200.00

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) 420,200.00

J. Fee

Funds Requested (\$)

0.00

K. Total Costs and Fee

Funds Requested (\$)

Total Costs and Fee (I + J) 420,200.00

L. Budget Justification

(Only attach one file.) **(upload a word document for budget justification)**

Budget justification:

Exclusions were applied to the F&A base calculation of equipment costs.

Equipment: A thermal cycler is needed for the PCR experiments proposed in the application.

Data Management and Sharing Costs Justification : Budget requested for data management and sharing costs is "0".

Note to applicants: This sample form is for year 1 and separate budget forms must be filled for years 2-5 and cumulative form for the application.