

**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.	Dr.					PD/PI	80,000.00	1.80			12,000.00	3,840.00	15,840.00
2.	Ms.					Prog Coordinator	76,539.00	1.80			11,481.00	3,674.00	15,155.00
3.	Mr.					Research Associate	50,887.00	10.20			43,254.00	13,841.00	57,095.00
4.	Ms.					Prog Coordinator	50,887.00	9.00			37,540.00	12,013.00	49,553.00
5.													
6.													
7.													
8.													
9. Total Funds requested for all Senior Key Persons in the attached file													
												<b>Total Senior/Key Person</b>	137,643.00

Additional Senior Key Persons:

Add Attachment

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View Attachment

**B. Other Personnel**

* Number of Personnel	* Project Role	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)	
<input type="text"/>	Post Doctoral Associates							
2	Graduate Students		9.00	3.00	39,888.00	0.00	39,888.00	
<input type="text"/>	Undergraduate Students							
<input type="text"/>	Secretarial/Clerical							
1	Trainer TBA	6.00			25,444.00	8,142.00	33,586.00	
<input type="text"/>								
<input type="text"/>								
<input type="text"/>								
<input type="text"/>								
<input type="text"/>								
<input type="text"/>								
3	<b>Total Number Other Personnel</b>						<b>Total Other Personnel</b>	73,474.00
							<b>Total Salary, Wages and Fringe Benefits (A+B)</b>	211,117.00

Close Form

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

\* ORGANIZATIONAL DUNS: 7818662640000

\* Budget Type:  Project  Subaward/Consortium

Enter name of Organization: Appalachian State University

\* Start Date: 07/01/2009 \* End Date: 06/30/2010 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	
	<b>Total Equipment</b>	

Additional Equipment:

Add Attachment

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View Attachment

D. Travel

Funds Requested (\$)

1.	Domestic Travel Costs ( Incl. Canada, Mexico and U.S. Possessions)	11,000.00
2.	Foreign Travel Costs	
	<b>Total Travel Cost</b>	11,000.00

E. Participant/Trainee Support Costs

Funds Requested (\$)

1.	Tuition/Fees/Health Insurance	
2.	Stipends	
3.	Travel	5,000.00
4.	Subsistence	3,699.00
5.	Other Family support (books, diapers, car seats. etc.)	6,000.00
100	<b>Number of Participants/Trainees</b>	
	<b>Total Participant/Trainee Support Costs</b>	14,699.00

RESEARCH & RELATED Budget {C-E} (Funds Requested)

Close Form

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

\* ORGANIZATIONAL DUNS: 7818662640000

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

Enter name of Organization: Appalachian State University

\* Start Date: 07/01/2009 \* End Date: 06/30/2010 Budget Period 1

F. Other Direct Costs	Funds Requested (\$)
1. Materials and Supplies	43,314.00
2. Publication Costs	
3. Consultant Services	41,500.00
4. ADP/Computer Services	
5. Subawards/Consortium/Contractual Costs	
6. Equipment or Facility Rental/User Fees	
7. Alterations and Renovations	
8. Computer/LCD	13,250.00
9. Communications	5,000.00
10.	
<b>Total Other Direct Costs</b>	<b>103,064.00</b>

G. Direct Costs	Funds Requested (\$)
<b>Total Direct Costs (A thru F)</b>	<b>339,880.00</b>

H. Indirect Costs	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	MTDC	32.40	339,880.00	110,120.00
2.				
3.				
4.				
<b>Total Indirect Costs</b>				<b>110,120.00</b>

Cognizant Federal Agency: DHHS - Darryl Mayes (202) 401-2808  
(Agency Name, POC Name, and POC Phone Number)

I. Total Direct and Indirect Costs	Funds Requested (\$)
<b>Total Direct and Indirect Institutional Costs (G + H)</b>	<b>450,000.00</b>

J. Fee	Funds Requested (\$)

K. \* Budget Justification: Budget Justification.pdf (Only attach one file.) [Add Attachment] [Delete Attachment] [View Attachment]

**RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 2**

\* ORGANIZATIONAL DUNS:

\* Budget Type:  Project  Subaward/Consortium

Enter name of Organization:

\* Start Date:  \* End Date:  Budget Period 2

**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.					PD/PI	83,999.00	3.00			21,000.00	6,825.00	27,825.00
2.	Ms.					Program Coord	80,366.00	1.80			12,055.00	3,918.00	15,973.00
3.	Mr.					Research Associate	53,432.00	10.20			45,417.00	14,760.00	60,177.00
4.	Ms.					Program Coord	52,556.00	9.00			39,417.00	12,811.00	52,228.00
5.													
6.													
7.													
8.													
9. Total Funds requested for all Senior Key Persons in the attached file													
												<b>Total Senior/Key Person</b>	156,203.00

Additional Senior Key Persons:

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View Attachment

**B. Other Personnel**

* Number of Personnel	* Project Role	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)	
<input type="text"/>	Post Doctoral Associates							
2	Graduate Students		9.00	3.00	41,882.00	0.00	41,882.00	
<input type="text"/>	Undergraduate Students							
<input type="text"/>	Secretarial/Clerical							
1	Trainer TBA	12.00			53,432.00	17,365.00	70,797.00	
<input type="text"/>								
<input type="text"/>								
<input type="text"/>								
<input type="text"/>								
<input type="text"/>								
<input type="text"/>								
3	<b>Total Number Other Personnel</b>						<b>Total Other Personnel</b>	112,679.00
							<b>Total Salary, Wages and Fringe Benefits (A+B)</b>	268,882.00

Close Form

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 2

\* ORGANIZATIONAL DUNS: 7818662640000

\* Budget Type:  Project  Subaward/Consortium

Enter name of Organization: Appalachian State University

\* Start Date: 07/01/2010 \* End Date: 06/30/2011 Budget Period 2

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	
	<b>Total Equipment</b>	

Additional Equipment:

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View Attachment

D. Travel

Funds Requested (\$)

1.	Domestic Travel Costs ( Incl. Canada, Mexico and U.S. Possessions)	6,318.00
2.	Foreign Travel Costs	
	<b>Total Travel Cost</b>	6,318.00

E. Participant/Trainee Support Costs

Funds Requested (\$)

1.	Tuition/Fees/Health Insurance	
2.	Stipends	
3.	Travel	4,000.00
4.	Subsistence	2,100.00
5.	Other family support (books, diapers, car seats)	7,000.00
100	<b>Number of Participants/Trainees</b>	
	<b>Total Participant/Trainee Support Costs</b>	13,100.00

RESEARCH & RELATED Budget {C-E} (Funds Requested)

Close Form

RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 2

\* ORGANIZATIONAL DUNS: 7818662640000

\* Budget Type:  Project  Subaward/Consortium

Enter name of Organization: Appalachian State University

\* Start Date: 07/01/2010 \* End Date: 06/30/2011 Budget Period 2

F. Other Direct Costs	Funds Requested (\$)
1. Materials and Supplies	13,830.00
2. Publication Costs	
3. Consultant Services	30,250.00
4. ADP/Computer Services	
5. Subawards/Consortium/Contractual Costs	
6. Equipment or Facility Rental/User Fees	
7. Alterations and Renovations	
8. Communications	5,000.00
9. Other	2,500.00
10.	
<b>Total Other Direct Costs</b>	<b>51,580.00</b>

G. Direct Costs	Funds Requested (\$)
<b>Total Direct Costs (A thru F)</b>	<b>339,880.00</b>

H. Indirect Costs	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	MTDC	32.40	339,880.00	110,120.00
2.				
3.				
4.				
<b>Total Indirect Costs</b>				<b>110,120.00</b>

Cognizant Federal Agency: DHHS - Darryl Mayes (202) 401-2808  
(Agency Name, POC Name, and POC Phone Number)

I. Total Direct and Indirect Costs	Funds Requested (\$)
<b>Total Direct and Indirect Institutional Costs (G + H)</b>	<b>450,000.00</b>

J. Fee	Funds Requested (\$)

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

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**RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 3**

\* ORGANIZATIONAL DUNS:

\* Budget Type:  Project  Subaward/Consortium

Enter name of Organization:

\* Start Date:  \* End Date:  Budget Period 3

**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.					PD/PI	88,199.00	3.00			22,050.00	7,276.00	29,326.00
2.	Ms.					Prog Coordinator	84,384.00	1.80			12,658.00	4,177.00	16,835.00
3.	Mr.					Research Associate	56,103.00	10.20			47,688.00	15,737.00	63,425.00
4.	Ms.					Prog Coordinator	55,184.00	9.00			41,388.00	13,658.00	55,046.00
5.													
6.													
7.													
8.													
9. Total Funds requested for all Senior Key Persons in the attached file													
												<b>Total Senior/Key Person</b>	164,632.00

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"/>	Post Doctoral Associates							
2	Graduate Students		9.00	3.00	43,976.00	0.00	43,976.00	
<input type="text"/>	Undergraduate Students							
<input type="text"/>	Secretarial/Clerical							
1	Trainer TBA	12.00			56,103.00	18,514.00	74,617.00	
<input type="text"/>								
<input type="text"/>								
<input type="text"/>								
<input type="text"/>								
<input type="text"/>								
<input type="text"/>								
3	<b>Total Number Other Personnel</b>						<b>Total Other Personnel</b>	118,593.00
							<b>Total Salary, Wages and Fringe Benefits (A+B)</b>	283,225.00

Close Form

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 3

\* ORGANIZATIONAL DUNS: 7818662640000

\* Budget Type:  Project  Subaward/Consortium

Enter name of Organization: Appalachian State University

\* Start Date: 07/01/2011 \* End Date: 06/30/2012 Budget Period 3

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	
	<b>Total Equipment</b>	

Additional Equipment:

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D. Travel

Funds Requested (\$)

1.	Domestic Travel Costs ( Incl. Canada, Mexico and U.S. Possessions)	4,750.00
2.	Foreign Travel Costs	
	<b>Total Travel Cost</b>	4,750.00

E. Participant/Trainee Support Costs

Funds Requested (\$)

1.	Tuition/Fees/Health Insurance	
2.	Stipends	
3.	Travel	4,750.00
4.	Subsistence	750.00
5.	Other Family support (boos, diapers, car seat)	10,904.00
100	<b>Number of Participants/Trainees</b>	
	<b>Total Participant/Trainee Support Costs</b>	16,404.00

RESEARCH & RELATED Budget {C-E} (Funds Requested)



Close Form

RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 3

\* ORGANIZATIONAL DUNS: 7818662640000

\* Budget Type:  Project  Subaward/Consortium

Enter name of Organization: Appalachian State University

\* Start Date: 07/01/2011 \* End Date: 06/30/2012 Budget Period 3

F. Other Direct Costs	Funds Requested (\$)
1. Materials and Supplies	26,500.00
2. Publication Costs	3,000.00
3. Consultant Services	3,000.00
4. ADP/Computer Services	
5. Subawards/Consortium/Contractual Costs	
6. Equipment or Facility Rental/User Fees	
7. Alterations and Renovations	
8. Communication	3,000.00
9.	
10.	
<b>Total Other Direct Costs</b>	<b>35,500.00</b>

G. Direct Costs	Funds Requested (\$)
<b>Total Direct Costs (A thru F)</b>	<b>339,879.00</b>

H. Indirect Costs	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	MTDC	32.40	339,879.00	110,121.00
2.				
3.				
4.				
<b>Total Indirect Costs</b>				<b>110,121.00</b>

Cognizant Federal Agency: DHHS - Darryl Mayes (202) 401-2808  
(Agency Name, POC Name, and POC Phone Number)

I. Total Direct and Indirect Costs	Funds Requested (\$)
<b>Total Direct and Indirect Institutional Costs (G + H)</b>	<b>450,000.00</b>

J. Fee	Funds Requested (\$)

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

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## RESEARCH & RELATED BUDGET - Cumulative Budget

		Totals (\$)
<b>Section A, Senior/Key Person</b>		458,478.00
<b>Section B, Other Personnel</b>		304,746.00
Total Number Other Personnel	9	
<b>Total Salary, Wages and Fringe Benefits (A+B)</b>		763,224.00
<b>Section C, Equipment</b>		
<b>Section D, Travel</b>		22,068.00
1. Domestic	22,068.00	
2. Foreign		
<b>Section E, Participant/Trainee Support Costs</b>		44,203.00
1. Tuition/Fees/Health Insurance		
2. Stipends		
3. Travel	13,750.00	
4. Subsistence	6,549.00	
5. Other	23,904.00	
6. Number of Participants/Trainees	300	
<b>Section F, Other Direct Costs</b>		190,144.00
1. Materials and Supplies	83,644.00	
2. Publication Costs	3,000.00	
3. Consultant Services	74,750.00	
4. ADP/Computer Services		
5. Subawards/Consortium/Contractual Costs		
6. Equipment or Facility Rental/User Fees		
7. Alterations and Renovations		
8. Other 1	21,250.00	
9. Other 2	7,500.00	
10. Other 3		
<b>Section G, Direct Costs (A thru F)</b>		1,019,639.00
<b>Section H, Indirect Costs</b>		330,361.00
<b>Section I, Total Direct and Indirect Costs (G + H)</b>		1,350,000.00
<b>Section J, Fee</b>		