SPS Proposal
Transmittal Checksheet

1. Project Title:
Sample for a Detailed Budget Proposal

2. Project Period
Start Date: 12/01/2005
End Date: 11/30/2009

3. Classification of Proposal: (Check One)
- New Proposal
- Preliminary Proposal
- Revised Proposal, SPS # under revision...
- Competing Cont., Proc. Acct. No...
- Continuation(Renewal), Proc. Acct. No.

4. Sponsor Name:
NIH

5. Is this project to be a subcontract?
- Yes
- No

6. Is this proposal in response to an Request for Proposal/Quote?
- Yes
- No

7. SPONSOR DUE DATE:
- Electronic Due Date
- Postmark Paper Copy
- Receipt Paper Copy

8. Special Instructions/Remarks:

INVESTIGATOR DATA

15. Project Director/Principal Investigator:
Robert F. Smith 4-1234 4-4321
(Type or Print Full Name) (Phone) (FAX)
E-mail: smithrf@purdue.edu

Collaborating Dept. Number(s) % Collaboration On Project
1063 100

Director/PI Total: 100

SPONSOR'S FEDERAL EXPRESS SHIPPING ADDRESS
(NO PO BOX NUMBERS, MUST HAVE STREET ADDRESS)
Center for Scientific Review
National Institute of Health
6701 Rockledge Drive
Room 1040, MSC 7710
Bethesda, MD 20817

Sponsor Phone:

Sponsor Fax:

Sponsor Cost: $1,524,216.00

Cost Sharing: $_____

Is this cost sharing in excess of the University Standard of 11%?
- Yes
- No

If yes, please attach approved Cost Share Commitment form 32.

WILL minor account establishment be required for this project?
- Yes
- No

Number of Copies to Sponsor:
6 (Including Original)

If applicable, include copy of sponsor guidelines:

000570
<table>
<thead>
<tr>
<th>Co-Investigator(s) / Researchers</th>
<th>Collaboration Effort</th>
<th>Collaboration on Project</th>
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</thead>
<tbody>
<tr>
<td>E-mail: _________________________</td>
<td>□ Co-PI</td>
<td>□ Researcher</td>
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<td>(Phone)</td>
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</table>

Additional collaborators may be included on attachment pages following page four on this document.

Subtotal this page: 0

Director/Investigator Total from page 1: 100

Subtotal from Additional Collaboration Data page(s): 0

Project Total: 100

No. pages showing Additional Collaboration Data: 0
**PROJECT DATA**

1. Does this proposal contain any confidential information which should not be publicly released? ☐ Yes ☐ No

2. Is this project affiliated with a recognized University Center, Laboratory, Institute, or Program? ☐ Yes ☐ No

2. Is this a Center/Institute proposal involving more than one school? ☐ Yes ☐ No

28. In accordance with Policy IX.6.2, the signers certify that this proposal is:

☐ Funded Support (Purdue Internal, Federal, National, etc.)
☐ Cost Share Support as defined in Policy IX.6.2

*Voluntary Support administered by SPS as defined in Policy IX.6.2, please use a Form 44.*

21. Does this proposal involve an International Project Scope? ☐ Yes ☐ No

(Such as exchange agreements, memoranda of understanding or admission of students, etc.)

**RESOURCE DATA**

22. Is the space needed to perform the work available in the department? ☐ Yes ☐ No

If "no", what is needed and where is the space or facilities located? (Provide explanation below or attach)

23. Is the necessary equipment available in the department or school to perform the work? ☐ Yes ☐ No

If "no", is it requested in the proposal? ☐ Yes ☐ No (Contact SPS)

**REGULATORY ASSURANCE AND COMPLIANCE DATA**

24. Will vertebrate animals be used in this project? ☐ Yes ☐ No

If "yes", has approval been obtained from the Purdue Animal Care & Use Committee? ☐ In Review ☐ No

☐ Yes, Approval Date Approved:

If "yes", list the title of the approved protocol. Note: If the title has changed, please notify the committee.

27. Will human subjects be used in this project? ☐ Yes ☐ No

If "yes", has approval been obtained from the University Human Subjects Committee? ☐ In Review ☐ No

☐ Yes, Approval Date Approved:

If "yes", list the title of the approved protocol. Note: If the title has changed, please notify the committee.

25. Will radioactive materials or radiation-producing devices be used? ☐ Yes ☐ No

If "yes", has approval been obtained from the Radiological Control Committee? ☐ Yes ☐ In Review ☐ No

☐ Yes, Approval Date Approved:

28. Will recombinant DNA be used in this project? ☐ Yes ☐ No

If "yes", has approval been obtained from the Purdue Bioshared Committee? ☐ In Review ☐ No

☐ Yes, Approval Date Approved:

If "yes", list the title of the approved protocol. Note: If the title has changed, please notify the committee.

29. Does this project involve the acquisition, fabrication, use, or transfer of Class 3b or 4 lasers or laser systems? ☐ Yes ☐ No

**DISCLOSURES AND ASSURANCES**

30. LOBBYING: The undersigned certify that to the best of their knowledge no federally appropriated funds have been or will be paid on their behalf to any person for influencing an officer or employee of any agency, a Member of Congress, or an employee of a Member of Congress in connection with the awarding of this contract, grant, or cooperative agreement. If any funds other than federally appropriated funds have been or will be used for such purpose, the undersigned agree to complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.
CONFLICT OF INTEREST: The proposed project or relationship with the sponsor require the disclosure of significant financial interests that present an actual or potential conflict of interest for investigators involved in this project. If answered in the affirmative, then all investigators so involved have provided a complete disclosure of this matter (SPS Form 2, President’s Form 32A and 35), as instructed by current University policy. By signing this form, all investigators certify that they have read and understand Purdue’s Conflict of Interest policies (Executive Memorandum C-1 and the Conflict of Interest and Commitment) and made all disclosures required by them (see Investigator Significant Interest Financial Disclosure policy for additional information and guidance).

CERTIFICATION FOR PRINCIPAL INVESTIGATORS AND CO-PRINCIPAL INVESTIGATORS:
I certify to the best of my knowledge that:
(1) the statements included within the subject proposal (excluding scientific hypotheses and scientific opinions) are true and complete.
(2) The text and graphics included within the subject proposal as well as any accompanying publications or other documents, unless otherwise indicated, are the original work of the signatories or individuals working under their supervision.
(3) I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if an award is made as a result of this proposal.
I understand that the willful provision of false information or concealing a material fact in this proposal or any other communication submitted is a criminal offense (U.S. Code, Title 18, Section 1001).

TO THE BEST OF MY KNOWLEDGE THE ABOVE STATEMENTS ARE CORRECT:

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Project Director/Principal Investigator Date
Typed Name:

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Co-Investigator/Researcher Signature Date
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Co-Investigator/Researcher Signature Date
Typed Name:
Grant Application

Do not exceed character length restrictions indicated.

1. TITLE OF PROJECT (Do not exceed 81 characters, including spaces and punctuation.)
Sample for a Detailed Budget Proposal

2. RESPONSE TO SPECIFIC REQUEST FOR APPLICATIONS OR PROGRAM ANNOUNCEMENT OR SOLICITATION    NO    YES
(If “Yes,” state number and title)
Number: Title:

3. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR
3a. NAME (Last, first, middle)  Smith, Robert F.
3b. DEGREE(S)  Ph.D.  M.S.
3c. POSITION TITLE  Associate Professor
3d. MAILING ADDRESS  2587 South Street
                      West Lafayette, IN 47907

4. HUMAN SUBJECTS RESEARCH
4a. Clinical Trial
4b. Human Subjects Assurance No. 00001548
4c. NIH-defined Phase III Clinical Trial
4d. NIH-defined Phase III Clinical Trial

5. VERTEBRATE ANIMALS    NO    YES
5a. If “Yes,” IACUC approval Date: 3/22/03
5b. Animal welfare assurance no. A3231-01

6. DATES OF PROPOSED PERIOD OF SUPPORT (month, day, year—MM/DD/YY)
   From 12/1/2005 Through 11/30/2009
   $300,000

7. COSTS REQUESTED FOR INITIAL BUDGET PERIOD
7a. Direct Costs ($)  $416,083
7b. Total Costs ($)  $1,050,000
8a. Direct Costs ($)  $1,524,216
8b. Total Costs ($)  

8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT

9. APPLICANT ORGANIZATION
Name  Purdue University
Address  302 Wood Street
          Young Hall, 7th Floor
          West Lafayette, IN 47907-2108

10. TYPE OF ORGANIZATION
   Public:    NO    Federal    YES    State    NO    Local
   Private:   NO    Private Nonprofit
   For-profit:   NO    General    NO    Small Business
   Woman-owned:   NO    Socially and Economically Disadvantaged

11. ENTITY IDENTIFICATION NUMBER
    DUNS NO.: 07-205-1394  Cong. District: 4th

12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE
Name  Thomas B. Wright
Title  Senior Operations Manager
Address  302 Wood Street
          Young Hall, 7th Floor
          West Lafayette, IN 47907-2108
Tel: 765-494-6204 FAX: 765-494-1360
E-Mail: proposal@purdue.edu

13. OFFICIAL SIGNED FOR APPLICANT ORGANIZATION
Name  Thomas B. Wright
Title  Senior Operations Manager
Address  302 Wood Street
          Young Hall, 7th Floor
          West Lafayette, IN 47907-2108
Tel: 765-494-6204 FAX: 765-494-1360
E-Mail: proposal@purdue.edu

14. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that
the statements herein are true, complete and accurate to the best of my knowledge, and
accept the obligation to comply with Public Health Services terms and conditions if a grant
is awarded as a result of this application. I am aware that any false, fictitious, or fraudulent
statements or claims may subject me to criminal, civil, or administrative penalties.

SIGNATURE OF OFFICIAL NAMED IN 13.
(In ink. "Per" signature not acceptable.)

DATE

Form Approved Through 09/30/2007
OMB No. 0925-0001
DESCRIPTION: See instructions. State the application’s broad, long-term objectives and specific aims, making reference to the health relatedness of the project (i.e., relevance to the mission of the agency). Describe concisely the research design and methods for achieving these goals. Describe the rationale and techniques you will use to pursue these goals.

In addition, in two or three sentences, describe in plain, lay language the relevance of this research to public health. If the application is funded, this description, as is, will become public information. Therefore, do not include proprietary/confidential information. **DO NOT EXCEED THE SPACE PROVIDED.**

THIS IS AN EXAMPLE OF HOW TO DO A DETAILED BUDGET PROPOSAL. BE SURE TO INCLUDE THE RELEVANCE OF THE RESEARCH TO PUBLIC HEALTH.

PERFORMANCE SITE(S) (organization, city, state)

School of Education
Purdue University
Principal Investigator/Program Director (Last, First, Middle): Smith, Robert Fred

KEY PERSONNEL. See instructions. Use continuation pages as needed to provide the required information in the format shown below. Start with Principal Investigator(s). List all other key personnel in alphabetical order, last name first.

<table>
<thead>
<tr>
<th>Name</th>
<th>eRA Commons User Name</th>
<th>Organization</th>
<th>Role on Project</th>
</tr>
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<tbody>
<tr>
<td>Smith, Robert Fred</td>
<td>SMITHRF</td>
<td>Purdue University</td>
<td>PI</td>
</tr>
</tbody>
</table>

OTHER SIGNIFICANT CONTRIBUTORS

| Name | Organization | Role on Project |

Human Embryonic Stem Cells  ☐ No  ☐ Yes

If the proposed project involves human embryonic stem cells, list below the registration number of the specific cell line(s) from the following list: http://stemcells.nih.gov/registry/index.asp. Use continuation pages as needed.

If a specific line cannot be referenced at this time, include a statement that one from the Registry will be used.

Cell Line

PHS 398 (Rev. 04/06)  Form Page 2-continued

Number the following pages consecutively throughout the application. Do not use suffixes such as 4a, 4b.

000576
RESEARCH GRANT
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Description, Performance Sites, Key Personnel, Other Significant Contributors, and Human Embryonic Stem Cells ......................................................... 2
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Budget for Entire Proposed Period of Support (not applicable with Modular Budget) ............. 6
Budgets Pertaining to Consortium/Contractual Arrangements (not applicable with Modular Budget) ................................................ 7
Biographical Sketch – Principal Investigator/Program Director (Not to exceed four pages) .......... 7
Other Biographical Sketches (Not to exceed four pages for each – See instructions) .......... 8
Resources ................................................................. 10
Research Plan ............................................................ 11
Introduction to Revised/Resubmission Application (Not to exceed 3 pages.) .............................. N/A
Introduction to Supplemental/Revision Application (Not to exceed one page.) .......................... N/A
A. Specific Aims .......................................................... N/A
B. Background and Significance ......................................... N/A
C. Preliminary Studies/Progress Report (Items A-D: not to exceed 25 pages) ............................ N/A
D. Research Design and Methods ....................................... N/A
E. Human Subjects Research ............................................. N/A
   Protection of Human Subjects (Required if Item 4 on the Face Page is marked “Yes”) ............... 11
   Data and Safety Monitoring Plan (Required if Item 4 on the Face Page is marked “Yes” and a Phase I, II, or III clinical trial is proposed) ............................................ N/A
   Inclusion of Women and Minorities (Required if Item 4 on the Face Page is marked “Yes” and is Clinical Research) ................................................................. N/A
   Targeted/Planned Enrollment Table (for new and continuing clinical research studies) ................ N/A
   Inclusion of Children (Required if Item 4 on the Face Page is marked “Yes”) ............................. N/A
F. Vertebrate Animals ..................................................... N/A
G. Select Agent Research ............................................... N/A
H. Literature Cited ....................................................... 10
I. Multiple PI Leadership Plan .......................................... N/A
J. Consortium/Contractual Arrangements ................................ N/A
K. Resource Sharing ..................................................... N/A
L. Letters of Support (e.g., Consultants) .................................. N/A

Checklist ................................................................. 12

Appendix (Five collated sets. No page numbering necessary for Appendix.)

Number of publications and manuscripts accepted for publication (not to exceed 10)

Other items (list):
### Detailed Budget for Initial Budget Period
#### Direct Costs Only

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**Subtotals**

- **Consultant Costs**
  - Equipment (Itemize)
    - Computer & printer $5,000; Imagine System $57,183; Sterotaxis $9,000: **71,183**
  - Supplies (Itemize by category)
    - Animals $7,000; tissue culture supplies $10,000; Chemicals $48,873: **65,873**
  - Travel
    - Personnel to attend SOT meeting: **4,500**
  - Patient Care Costs
    - Inpatient
    - Outpatient
  - Alterations and Renovations (Itemize by category)
  - Other Expenses (Itemize by category)
    - Grad Fee Remissions $5,583
    - Printing and duplication $1000: **6,583**

**Consortium/Contractual Costs**

**Subtotal Direct Costs for Initial Budget Period (Item 7a, Face Page)**: **$300,000**

**Total Direct Costs for Initial Budget Period**: **$300,000**
### BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD
**DIRECT COSTS ONLY**

<table>
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<tr>
<th>BUDGET CATEGORY TOTALS</th>
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<th>ADDITIONAL YEARS OF SUPPORT REQUESTED</th>
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<td><strong>PERSONNEL:</strong> Salary and fringe benefits. Applicant organization only.</td>
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<td><strong>TOTAL DIRECT COSTS</strong></td>
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**TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PROJECT PERIOD**

$1,050,000

**JUSTIFICATION.** Follow the budget justification instructions exactly. Use continuation pages as needed.

**JUSTIFY PERSONNEL, EQUIPMENT, SUPPLIES, TRAVEL AND ANYTHING ELSE IN THE BUDGET.**
A. Positions and Honors.

Positions and Employment

1969-1971 Medical Residency, Internal Medicine, Harvard Medical School
1971-1973 EIS Officer, Hospital Infection Section, Bacterial Diseases Branch, CDC, Atlanta, GA
1973-1974 Instructor and Fellow in Medicine, Hematology, Massachusetts General Hospital, Boston, MA
1974-1975 Instructor in Infectious Diseases, Massachusetts General Hospital, Boston, MA
1978- Senior Associate in Infectious Diseases, Children’s Hospital, Boston, MA
1978-1984 Assistant Professor of Pediatrics, Harvard Medical School
1985-1998 Chief, Hemostasis Laboratory, Children’s Hospital, Boston, MA
1993- Professor of Pediatrics, Harvard Medical School, Boston, MA
1998- Professor, Dept. of Infectious Diseases, Harvard School of Public Health

Other Experience and Professional Memberships

1972-1973 Acting Chief, National Mucosal Infections Study
1975-2000 Director of Infectious Diseases Laboratory
1975-present Hospital Epidemiologist (Medical Director Infection Control 2000-present), Children’s Hospital, Boston
1981-1982 President, Society of Hospital Epidemiologists of America
1988 Member, Society for Pediatric Research
1989-present Medical Director Quality Assurance, Children’s Hospital, Boston, MA
1991-1993 Director, American Society for Microbiology, Division F
1991-1997 Hospital Infection Control Practices Advisory Committee, Centers for Disease Control
1998-present Vice-Chair for Health Outcomes, Dept. of Medicine, Children’s Hospital
1998-2001 Steering Committee, NACHRI/CDC Pediatric Prevention Network

Honors

1982 SERC Advanced Research Scholarship, Infectious Disease Society of America
2001 Anthony Steinway Award for Excellence in Teaching (Children’s Hospital)

B. Selected peer-reviewed publications (in chronological order).

(Publications selected from 133 peer-reviewed publications)


C. Research Support

**Ongoing Research Support**

R01 HS35793 Carlucci (PI) 9/01/99-8/30/04

AHRQ

Reducing Antimicrobial Resistance in Low-Income Communities: A Randomized Trial.
This study is a randomized trial of interventions to reduce antimicrobial usage and resistance in low-income communities.
Role: PI

2 R01 AI12345-05 Carlucci (PI) 4/01/01-3/31/06
NIH/NIAID
Bacteriology and Mycology Study of ICU Patients at Risk for Antimicrobial Resistant Bacterial Infections.
The study will perform clinical trials of interventions to reduce antimicrobial resistant infections.
Role: PI

R01- AI24680-04 Peterson (PI) 3/01/01-2/28/06
NIH/NIAID
Virulence and Immunity to Staphylococci.
This study investigates the production of polysaccharide by Staphylococcus aureus and its role in virulence as measured in animal models of infection and its ability to function as a target for protective antibody.
Role: Paid consultant.

2 R01 HL 00000-13 Anderson (PI) 3/01/01-2/28/06
NIH/NHLBI
Chloride and Sodium Transport in Airway Epithelial Cells
The major goals of this project are to define the biochemistry of chloride and sodium transport in airway epithelial cells and clone the gene(s) involved in transport.
Role: Co-Investigator

5 R01 HL 00000-07 Baker (PI) 4/1/01 ~ 3/31/04
NIH/NHLBI
Ion Transport in Lungs
The major goal of this project is to study chloride and sodium transport in normal and diseased lungs.
Role: Co-Investigator

1 R01 AI12826-01 Hoffman (PI) 9/28/01-9/27/03
NIH/NIAID
Intermountain Child Health Services Research Consortium
This consortium will seek to build pediatric health services research capacity and training in the Intermountain Region.
Role: Co-Investigator

Completed Research Support

5 RO1 AI10011-05 Herman (PI) 12/01/00 – 11/30/04
NIH/NIAID
Evaluating Quality Improvement Strategies (EQUIS)
The goal of this study was to evaluate quality improvement and collaborative learning to improve asthma care in office-based pediatrics.
Role: Co-Investigator

5 R01 AI098765 Spielman (PI) 7/01/99 -6/30/04
NIH/NIAID
Epidemiology of Emerging Infections #1 T32 AI07654
The goal of this project was to study emerging infections in high risk populations who are treated in emergency room situations.
Role: Co-Investigator
RESOURCES

FACILITIES: Specify the facilities to be used for the conduct of the proposed research. Indicate the performance sites and describe capacities, pertinent capabilities, relative proximity, and extent of availability to the project. If research involving Select Agent(s) will occur at any performance site(s), the biocontainment resources available at each site should be described. Under "Other," identify support services such as machine shop, electronics shop, and specify the extent to which they will be available to the project. Use continuation pages if necessary.

Laboratory:

FILL OUT ALL INFORMATION

Clinical:

Animal:

Computer:

Office:

Other:

MAJOR EQUIPMENT: List the most important equipment items already available for this project, noting the location and pertinent capabilities of each.
A. Specific Aims
B. Background and Significance
C. Preliminary Studies/Progress Report
D. Research Design and methods
E. Human Subjects Research
F. Vertebrate Animals
G. Select Agent Research
H. Literature Cited
I. Multiple PI Leadership Plan
J. Consortium/Contractual Agreements
K. Resource Sharing
L. Letters of Support (e.g. Consultants)

(Items A-D: not to exceed 25 pages*)
CHECKLIST

TYPE OF APPLICATION (Check all that apply.)

☒ NEW application. *(This application is being submitted to the PHS for the first time.)*

☐ REVISION/RESUBMISSION of application number:

(This application replaces a prior unfunded version of a new, competing continuation/renewal, or supplemenation/revision application.)

☐ COMPETING CONTINUATION/RENEWAL of grant number: _________________________

(This application is to extend a funded grant beyond its current project period.)

☐ No ☐ Previously reported

☐ SUPPLEMENT/REVISION to grant number: _________________________

(This application is for additional funds to supplement a currently funded grant.)

☐ Yes. ☐ If "Yes," ☐ Not previously reported

☐ CHANGE of principal investigator/program director.

Name of former principal investigator/program director:

☐ CHANGE of Grantor Institution. Name of former institution:

☐ FOREIGN application ☐ Domestic Grant with foreign involvement ☐ List Country(ies) Involved:

1. PROGRAM INCOME *(See Instructions.)*

All applications must indicate whether program income is anticipated during the period(s) for which grant support is requested. If program income is anticipated, use the format below to reflect the amount and source(s).

<table>
<thead>
<tr>
<th>Budget Period</th>
<th>Anticipated Amount</th>
<th>Source(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. ASSURANCES/CERTIFICATIONS *(See instructions.)*

In signing the application, the authorized organizational representative agrees to comply with the following policies, assurances and/or certifications when applicable. Descriptions of individual assurances/certifications are provided in Part III. If unable to certify compliance, where applicable, provide an explanation and place it after this page.


3. FACILITIES AND ADMINISTRATIVE COSTS (F&A) INDIRECT COSTS. See specific instructions.

☒ DHHS Agreement dated: 11/17/05 *(was 6/30/03)* ☐ No Facilities And Administrative Costs Requested.

☐ DHHS Agreement being negotiated with ____________________________ Regional Office.

☐ No DHHS Agreement, but rate established with ____________________________ Date

CALCULATION* *(The entire grant application, including the Checklist, will be reproduced and provided to peer reviewers as confidential information.)*

<table>
<thead>
<tr>
<th>Initial budget period</th>
<th>Amount of base</th>
<th>$</th>
<th>Rate applied</th>
<th>% = F&amp;A costs</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. 02 year</td>
<td>229,984</td>
<td>x</td>
<td>52.00</td>
<td>= F&amp;A costs</td>
<td>119,591</td>
</tr>
<tr>
<td>b. 03 year</td>
<td>229,581</td>
<td>x</td>
<td>52.00</td>
<td>= F&amp;A costs</td>
<td>119,383</td>
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<tr>
<td>c. 04 year</td>
<td>229,151</td>
<td>x</td>
<td>52.00</td>
<td>= F&amp;A costs</td>
<td>119,159</td>
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<tr>
<td>d. 05 year</td>
<td>229,151</td>
<td>x</td>
<td>52.00</td>
<td>= F&amp;A costs</td>
<td>119,159</td>
</tr>
</tbody>
</table>

TOTAL F&A Costs $ 474,216

*Check appropriate box(es):

☐ Salary and wages base ☒ Modified total direct cost base ☐ Other base *(Explain)*

Explanation *(Attach separate sheet, if necessary.)*

PHS 398 (Rev. 04/06) Page 12 Checklist Form Page 000585
PERSONAL DATA ON PRINCIPAL INVESTIGATOR(S)/PROGRAM DIRECTOR(S)

The Public Health Service has a continuing commitment to monitor the operation of its review and award processes to detect—and deal appropriately with—any instances of real or apparent inequities with respect to age, sex, race, or ethnicity of the proposed principal investigator(s)/program director(s).

To provide the PHS with the information it needs for this important task, complete the form below and attach it to the signed original of the application after the Checklist. When multiple PIs/PDs are proposed, complete a form for each. Do not attach copies of this form to the duplicated copies of the application.

Upon receipt of the application by the PHS, this form will be separated from the application. This form will not be duplicated, and it will not be a part of the review process. Data will be confidential, and will be maintained in Privacy Act record system 09-25-0036, "Grants: IMPAC (Grant/Contract Information)."

The PHS requests the last four digits of the Social Security Number for accurate identification, referral, and review of applications and for management of PHS grant programs. Although the provision of this portion of the Social Security Number is voluntary, providing this information may improve both the accuracy and speed of processing the application. Please be aware that no individual will be denied any right, benefit, or privilege provided by law because of refusal to disclose this section of the Social Security Number. The PHS requests the last four digits of the Social Security Number under Sections 301(a) and 487 of the PHS Acts as amended (42 U.S.C. 241a and U.S.C. 288). All analyses conducted on the date of birth, gender, race and/or ethnic origin data will report aggregate statistical findings only and will not identify individuals. If you decline to provide this information, it will in no way affect consideration of your application. Your cooperation will be appreciated.

<table>
<thead>
<tr>
<th>DATE OF BIRTH (MM/DD/YY)</th>
<th>06/30/55</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOCIAL SECURITY NUMBER</td>
<td>XXX-XX-1234</td>
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<tr>
<td>(last 4 digits only)</td>
<td></td>
</tr>
<tr>
<td>SEX/GENDER</td>
<td></td>
</tr>
<tr>
<td>□ Female</td>
<td>X Male</td>
</tr>
</tbody>
</table>

ETHNICITY
1. Do you consider yourself to be Hispanic or Latino? (See definition below.) Select one.

- Hispanic or Latino. A person of Mexican, Puerto Rican, Cuban, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."
- □ Hispanic or Latino
- X Not Hispanic or Latino

RACE
2. What race do you consider yourself to be? Select one or more of the following.

- □ American Indian or Alaska Native. A person having origins in any of the original peoples of North, Central, or South America, and who maintains tribal affiliation or community attachment.
- □ Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodian, Chinese, Indian, Japanese, Korean, Malayan, Pakistani, the Philippine Islands, Thailand, and Vietnam. (Note: Individuals from the Philippine Islands have been recorded as Pacific Islanders in previous data collection strategies.)
- □ Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black" or African American.
- □ Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- X White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- □ Check here if you do not wish to provide some or all of the above information.
# Coeus Proposal Development - Budget Summary

**Proposal Number:**

**Period 1**  
12/01/2005 - 11/30/2006

## Personnel

<table>
<thead>
<tr>
<th>Position</th>
<th>Start Date</th>
<th>End Date</th>
<th>EB Rate</th>
<th>Percentage</th>
<th>Fringe Benefits</th>
<th>Salaries &amp; Wages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post Doc, Visiting Faculty</td>
<td>12/01/05</td>
<td>11/30/06</td>
<td>41.10%</td>
<td>100.00</td>
<td>$16,648</td>
<td>$40,500</td>
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<tr>
<td>TDA , Service (8250), 4,</td>
<td>12/01/05</td>
<td>11/30/06</td>
<td>54.50%</td>
<td>45.00</td>
<td>$7,364</td>
<td>$13,612</td>
</tr>
<tr>
<td>Graduate Staff</td>
<td>12/01/05</td>
<td>11/30/06</td>
<td>0.40%</td>
<td>50.00</td>
<td>$73</td>
<td>$16,225</td>
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<tr>
<td>Tenure/Tenure Track Faculty</td>
<td>12/01/05</td>
<td>05/31/06</td>
<td>34.30%</td>
<td>15.00</td>
<td>$2,771</td>
<td>$8,080</td>
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<tr>
<td>Tenure/Tenure Track Faculty</td>
<td>05/18/05</td>
<td>08/13/05</td>
<td>34.30%</td>
<td>100.00</td>
<td>$9,258</td>
<td>$26,590</td>
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<tr>
<td>Tenure/Tenure Track Faculty</td>
<td>06/01/05</td>
<td>11/30/06</td>
<td>34.30%</td>
<td>15.00</td>
<td>$1,940</td>
<td>$5,656</td>
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</table>

**Total Personnel**  
$38,052  
$112,903

## Fringe Benefits - Total Fringe Benefits

<table>
<thead>
<tr>
<th>Fringe Benefits</th>
<th>Total Fringe Benefits</th>
<th>Personnel</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$38,052</td>
<td>$151,015</td>
</tr>
</tbody>
</table>

## Equipment

- **General Purpose Equipment - Computer & Printer:** 5,000
- **Scientific & Instruction Equip - Imagine System:** 57,183
- **Scientific & Instruction Equip - Sterolaxis:** 9,000

**Total Equipment**  
$71,183

## Other Expenses

- **Grad Fee Remissions:** 5,583
- **Graduate Student Insurance:** 846
- **Printing & Duplication - communications, xerox, publication:** 1,000
- **Travel Domestic - Grad to attend SOT meeting:** 1,500
- **Travel Domestic - PI to attend SOT meeting:** 1,500
- **Travel Domestic - Res Asso to attend SOT meeting:** 1,500

**Total Other Expenses**  
$11,429

## Other S & E

- **Other - Included in Base - animal costs:** 7,000
- **Other - Included in Base - assay kits and standards:** 4,000
- **Other - Included in Base - chemical supplies:** 6,000
- **Other - Included in Base - equipment contracts:** 4,000
- **Other - Included in Base - glassware and lab supplies:** 7,690
- **Other - Included in Base - other supplies:** 10,983
- **Other - Included in Base - radioisotopes:** 7,000
- **Other - Included in Base - tissue culture supplies:** 10,000

**Total Other S & E**  
$65,973

## Total Direct Costs

<table>
<thead>
<tr>
<th>Total Direct Costs</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>$300,000</td>
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</tbody>
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## F&A (Indirect) Costs

<table>
<thead>
<tr>
<th>F&amp;A (Indirect) Costs</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ON-CAMPUS</td>
<td>$116,083</td>
</tr>
</tbody>
</table>

**Total F&A (Indirect) Costs**  
$116,083
Coeus Proposal Development - Budget Summary

Proposal Number:  
Period 1  12 / 01 / 2005 - 11 / 30 / 2006  
Proposal  
Title:  

Total Cost to Sponsor: $

416,063


Coeus Proposal Development - Budget Summary

Proposal Number:  
Period 1  12 / 01 / 2005 - 11 / 30 / 2006  
Proposal Title:  

Budget Version 1

Calculation Methodology

The full F&A (Indirect) Cost Rates is applied to the total direct costs, less the following exclusions:

<table>
<thead>
<tr>
<th>Equipment Type</th>
<th>Exclusion Amount</th>
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</thead>
<tbody>
<tr>
<td>General Purpose Equipment - Computer &amp; Printer</td>
<td>$5,000</td>
</tr>
<tr>
<td>Grad Fee Remissions</td>
<td>$5,583</td>
</tr>
<tr>
<td>Scientific &amp; Instruction Equip - Imagine System</td>
<td>$57,183</td>
</tr>
<tr>
<td>Scientific &amp; Instruction Equip - Sinoctaxis</td>
<td>$9,000</td>
</tr>
<tr>
<td><strong>Total exclusions from F&amp;A base</strong></td>
<td><strong>$70,766</strong></td>
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</table>

F&A (Indirect) Cost Rates and Base

<table>
<thead>
<tr>
<th>Campus</th>
<th>Rate</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>On</td>
<td>$2.00</td>
<td>MTDC</td>
</tr>
</tbody>
</table>

F&A (Indirect) Cost Rates and Base

<table>
<thead>
<tr>
<th>Campus</th>
<th>Type</th>
<th>Base</th>
<th>Indirect Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>On</td>
<td>MTDC</td>
<td>$223,324</td>
<td>$116,083</td>
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</table>

Employee Benefit Rates and Base

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Campus</th>
<th>Rate</th>
<th>Base</th>
<th>Calculated Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grad Auto Staff</td>
<td>01 Dec 2005</td>
<td>30 Nov 2005</td>
<td>On</td>
<td>0.40</td>
<td>$18,225</td>
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<tr>
<td>Post Doc, Visiting Faculty</td>
<td>01 Dec 2005</td>
<td>30 Nov 2005</td>
<td>On</td>
<td>41.10</td>
<td>$40,500</td>
</tr>
<tr>
<td>Service</td>
<td>01 Dec 2005</td>
<td>30 Nov 2006</td>
<td>On</td>
<td>54.50</td>
<td>$13,512</td>
</tr>
<tr>
<td>Tenure/Tenure track Faculty</td>
<td>01 Dec 2005</td>
<td>30 Nov 2006</td>
<td>On</td>
<td>34.30</td>
<td>$40,726</td>
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<tr>
<td><strong>Total</strong></td>
<td>****</td>
<td>****</td>
<td>****</td>
<td>****</td>
<td><strong>$38,052</strong></td>
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</tbody>
</table>
# Coeus Proposal Development - Budget Summary

**Period 2**  
**Proposal Number:**  
**Proposal Title:**

<table>
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<tr>
<th>Personnel</th>
<th>Start Date</th>
<th>End Date</th>
<th>EB Rate</th>
<th>Percentage Effort</th>
<th>Fringe Benefits</th>
<th>Salaries &amp; Wages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post Doc, Visiting Faculty</td>
<td>12/01/06</td>
<td>11/30/07</td>
<td>41.10%</td>
<td>100.00</td>
<td>$17,145</td>
<td>$41,715</td>
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<tr>
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<td>11/30/07</td>
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<td>45.00</td>
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<tr>
<td>Graduate Staff</td>
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<td>Tenure/Tenure Track Faculty</td>
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<td>$5,939</td>
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</table>

**TOTAL PERSONNEL:** $117,167

**TOTAL WAGES & FRINGE BENEFITS**

<table>
<thead>
<tr>
<th>Equipment</th>
<th>Start Date</th>
<th>End Date</th>
<th>EB Rate</th>
<th>Percentage Effort</th>
<th>Fringe Benefits</th>
<th>Salaries &amp; Wages</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Purpose Equipment - Computer &amp; Printer</td>
<td>On Campus</td>
<td></td>
<td></td>
<td></td>
<td>0.00</td>
<td>30,473</td>
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<tr>
<td>Scientific &amp; Instruction Equip - Sterilization</td>
<td>On Campus</td>
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<td>9.00</td>
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</table>

**TOTAL EQUIPMENT:** $14,000

**OTHER EXPENSES**

<table>
<thead>
<tr>
<th>Other Expenses</th>
<th>Start Date</th>
<th>End Date</th>
<th>EB Rate</th>
<th>Percentage Effort</th>
<th>Fringe Benefits</th>
<th>Salaries &amp; Wages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grad Fee Remissions</td>
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<td></td>
<td></td>
<td>6.016</td>
<td>0.00</td>
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<tr>
<td>Graduate Student Insurance</td>
<td>On Campus</td>
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<td></td>
<td></td>
<td>8.32</td>
<td>0.00</td>
</tr>
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<td>Printing &amp; Duplication - communications, xerox, publication</td>
<td>On Campus</td>
<td></td>
<td></td>
<td></td>
<td>1.00</td>
<td>0.00</td>
</tr>
<tr>
<td>Travel Domestic - Grad to attend SOT meeting</td>
<td>On Campus</td>
<td></td>
<td></td>
<td></td>
<td>1.50</td>
<td>0.00</td>
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<td>Travel Domestic - PI to attend SOT meeting</td>
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<td></td>
<td></td>
<td>1.50</td>
<td>0.00</td>
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<tr>
<td>Travel Domestic - Res Asso to attend SOT meeting</td>
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**TOTAL OTHER EXPENSES:** $12,438

**OTHER S & E**

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<th>End Date</th>
<th>EB Rate</th>
<th>Percentage Effort</th>
<th>Fringe Benefits</th>
<th>Salaries &amp; Wages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other - Included in Base - animal costs</td>
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<td></td>
<td></td>
<td></td>
<td>7.660</td>
<td>0.00</td>
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<td>Other - Included in Base - assay kits and standards</td>
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<td></td>
<td></td>
<td></td>
<td>4.000</td>
<td>0.00</td>
</tr>
<tr>
<td>Other - Included in Base - chemical supplies</td>
<td>On Campus</td>
<td></td>
<td></td>
<td></td>
<td>0.000</td>
<td>0.00</td>
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<tr>
<td>Other - Included in Base - equipment contracts</td>
<td>On Campus</td>
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<td></td>
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<td>4.000</td>
<td>0.00</td>
</tr>
<tr>
<td>Other - Included in Base - glassware and lab supplies</td>
<td>On Campus</td>
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<td></td>
<td></td>
<td>7.690</td>
<td>0.00</td>
</tr>
<tr>
<td>Other - Included in Base - other supplies</td>
<td>On Campus</td>
<td></td>
<td></td>
<td></td>
<td>21.032</td>
<td>0.00</td>
</tr>
<tr>
<td>Other - Included in Base - radiospectographs</td>
<td>On Campus</td>
<td></td>
<td></td>
<td></td>
<td>7.000</td>
<td>0.00</td>
</tr>
<tr>
<td>Other - Included in Base - tissue culture supplies</td>
<td>On Campus</td>
<td></td>
<td></td>
<td></td>
<td>10.000</td>
<td>0.00</td>
</tr>
</tbody>
</table>

**TOTAL OTHER S & E:** $56,922

**TOTAL DIRECT COSTS:**

<table>
<thead>
<tr>
<th>F&amp;A (Indirect) Costs</th>
<th>Start Date</th>
<th>End Date</th>
<th>EB Rate</th>
<th>Percentage Effort</th>
<th>Fringe Benefits</th>
<th>Salaries &amp; Wages</th>
</tr>
</thead>
<tbody>
<tr>
<td>ON-CAMPUS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$119,591</td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL F&A (INDIRECT) COSTS:** $119,591

**TOTAL COST TO SPONSOR:**

$389,591
# Coeus Proposal Development - Budget Summary

**Proposal Number:**  
12 / 01 / 2006 - 11 / 30 / 2007

**Title:**

## Calculation Methodology

The full F&A (Indirect) Cost Rates is applied to the total direct costs, less the following exclusions:

<table>
<thead>
<tr>
<th>Equipment Type</th>
<th>Exclusion Amount</th>
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<tbody>
<tr>
<td>General Purpose Equipment - Computer &amp; Printer</td>
<td>$5,000</td>
</tr>
<tr>
<td>Grad Fee Reimbursements</td>
<td>$6,016</td>
</tr>
<tr>
<td>Scientific &amp; Instruction Equip - Sterotaxis</td>
<td>$9,000</td>
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</table>

**Total exclusions from F&A base**  
$20,016

### F&A (Indirect) Cost Rates and Base

<table>
<thead>
<tr>
<th>Campus</th>
<th>Rate</th>
<th>Type</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>On</td>
<td>$2.00</td>
<td>MTDC</td>
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</tbody>
</table>

### F&A (Indirect) Cost Rates and Base

<table>
<thead>
<tr>
<th>Campus</th>
<th>Type</th>
<th>Base</th>
<th>Indirect Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>On</td>
<td>MTDC</td>
<td>$229,994</td>
<td>$119,591</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>229,994</td>
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</table>

## Employee Benefit Rates and Base

### Graduate Staff

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Campus</th>
<th>Rate</th>
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</tr>
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<tbody>
<tr>
<td>01 Dec 2006</td>
<td>30 Nov 2007</td>
<td>On</td>
<td>0.40</td>
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<td>$75</td>
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### Post Doc, Visiting Faculty

<table>
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<th>End Date</th>
<th>Campus</th>
<th>Rate</th>
<th>Base</th>
<th>Calculated Cost</th>
</tr>
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<tbody>
<tr>
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<td>41.10</td>
<td>$41,715</td>
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### Service

<table>
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<th>Rate</th>
<th>Base</th>
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</tr>
</thead>
<tbody>
<tr>
<td>01 Dec 2006</td>
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<td>54.50</td>
<td>$13,917</td>
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### Tenure/tenure track Faculty

<table>
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<th>Rate</th>
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<tbody>
<tr>
<td>01 Dec 2006</td>
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**Total**  
$39,473
## Coeus Proposal Development - Budget Summary

**Proposal Number:** Budget Version 1  
**Period 3**  
**12 / 01 / 2007 - 11 / 30 / 2008**  
**Proposal Title:**

<table>
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<tr>
<th>Personnel</th>
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<th>EB Rate</th>
<th>Percentage Effort</th>
<th>Fringe Benefits</th>
<th>Salaries &amp; Wages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post Doc, Visiting Faculty</td>
<td>12/01/07</td>
<td>11/30/08</td>
<td>41.10%</td>
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<tr>
<td>Service</td>
<td>12/01/07</td>
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<tr>
<td>Graduate Staff</td>
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<td>$78</td>
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<td>05/31/08</td>
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<td>$3,055</td>
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<td>Tenure/Tenure Track Faculty</td>
<td>06/01/08</td>
<td>08/13/08</td>
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<td>$10,267</td>
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<td>$6,236</td>
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</table>

**TOTAL PERSONNEL:**  
$40,950   
$121,532

**Fringe Benefits:**  
Total Fringe Benefits:  
$40,950

**TOTAL WAGES & FRINGE BENEFITS:**  
Personnel:  
$162,480

**Equipment**  
- General Purpose Equipment - Computer & Printer: On Campus  
  - 5,000
- Scientific & Instruction Equip - Steridavis: On Campus  
  - 9,000

**TOTAL EQUIPMENT:**  
$14,000

**Other Expenses**  
- Grad Fee Remissions: On Campus  
  - 6,419
- Graduate Student Insurance: On Campus  
  - 1,005
- Printing & Duplication - communications, xerox, publication: On Campus  
  - 1,000
- Travel Domestic - Grad to attend SOT meeting: On Campus  
  - 1,500
- Travel Domestic - PI to attend SOT meeting: On Campus  
  - 1,500
- Travel Domestic - Res Asso to attend SOT meeting: On Campus  
  - 1,500

**TOTAL OTHER EXPENSES:**  
$12,924

**Other S & E**  
- Other - Included in Base - animal costs: On Campus  
  - 7,980
- Other - Included in Base - assay kits and standards: On Campus  
  - 4,000
- Other - Included in Base - chemical supplies: On Campus  
  - 6,000
- Other - Included in Base - equipment contracts: On Campus  
  - 4,000
- Other - Included in Base - glassware and lab supplies: On Campus  
  - 7,990
- Other - Included in Base - other supplies: On Campus  
  - 14,699
- Other - Included in Base - radiolotopes: On Campus  
  - 7,000
- Other - Included in Base - tissue culture supplies: On Campus  
  - 10,000

**TOTAL OTHER S & E:**  
$60,589

**Total Direct Costs:**  
$250,060

**F&A (Indirect) Costs**  
ON-CAMPUS:  
Total F&A (Indirect) Costs:  
$119,383

**Total Cost to Sponsor:**  
$369,383

---

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2/8/2005 10:09 AM
Coeus Proposal Development - Budget Summary

Proposal Number: 12 / 01 / 2007 - 11 / 30 / 2008
Proposal Title:

Calculation Methodology

The full F&A (Indirect) Cost Rates is applied to the total direct costs, less the following exclusions:

- General Purpose Equipment - Computer & Printer $5,000
- Grad Fee Remissions $6,419
- Scientific & Instruction Equip - Storotaxis $9,900

Total exclusions from F&A base $20,419

F&A (Indirect) Cost Rates and Base

<table>
<thead>
<tr>
<th>Campus</th>
<th>Rate</th>
<th>Type</th>
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<tbody>
<tr>
<td>On</td>
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<td>MTDC</td>
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</table>

F&A (Indirect) Cost Rates and Base

<table>
<thead>
<tr>
<th>Campus</th>
<th>Type</th>
<th>Base</th>
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<td>MTDC</td>
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Employee Benefits Rates and Base

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<th>Rate</th>
<th>Base</th>
<th>Calculated Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduate Staff</td>
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<td></td>
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<td></td>
<td></td>
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<tr>
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<td>0.40</td>
<td>$19,334</td>
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<td>Post Doc, Visiting Faculty</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>01 Dec 2007</td>
<td>30 Nov 2008</td>
<td>On</td>
<td>41.10</td>
<td>$42,966</td>
<td>$17,659</td>
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<tr>
<td>Service</td>
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<td></td>
</tr>
<tr>
<td>01 Dec 2007</td>
<td>30 Nov 2008</td>
<td>On</td>
<td>54.50</td>
<td>$14,335</td>
<td>$7,812</td>
</tr>
<tr>
<td>Tenure-track Faculty</td>
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<td>30 Nov 2008</td>
<td>On</td>
<td>34.30</td>
<td>$44,901</td>
<td>$15,401</td>
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Total $40,050
## Coeus Proposal Development - Budget Summary

**Proposal Number:**

**Period 4**

**Proposal Title:**

**Budget Version 1**

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<th>Personnel</th>
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<th>Percentage Effort</th>
<th>Fringe Benefits</th>
<th>Salaries &amp; Wages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post Doc, Visiting Faculty</td>
<td>12/01/08</td>
<td>11/30/09</td>
<td>41.10%</td>
<td>100.00</td>
<td>$18,189</td>
<td>$44,255</td>
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<tr>
<td>Service</td>
<td>12/01/08</td>
<td>11/30/09</td>
<td>54.50%</td>
<td>45.00</td>
<td>$8,047</td>
<td>$14,765</td>
</tr>
<tr>
<td>Graduate Staff</td>
<td>12/01/08</td>
<td>11/30/09</td>
<td>0.40%</td>
<td>50.00</td>
<td>$60</td>
<td>$19,915</td>
</tr>
<tr>
<td>Tenure/Tenure Track Faculty</td>
<td>12/01/08</td>
<td>05/31/09</td>
<td>34.30%</td>
<td>15.00</td>
<td>$3,268</td>
<td>$9,353</td>
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<tr>
<td>Tenure/Tenure Track Faculty</td>
<td>05/16/09</td>
<td>09/12/09</td>
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<td>100.00</td>
<td>$10,716</td>
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<tr>
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<td>08/01/09</td>
<td>11/30/09</td>
<td>34.30%</td>
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</table>

**Total Personnel**

$42,466

$126,079

<table>
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<tr>
<th>Fringe Benefits</th>
<th>Total Fringe Benefits</th>
<th>Personnels</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>$168,565</td>
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</tbody>
</table>

**Equipment**

<table>
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<tr>
<th>Equipment Description</th>
<th>On Campus</th>
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</thead>
<tbody>
<tr>
<td>General Purpose Equipment - Computer &amp; Printer</td>
<td>5,000</td>
<td></td>
</tr>
<tr>
<td>Scientific &amp; Instruction Equipment - Sterile Tools</td>
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</tr>
</tbody>
</table>

**Total Equipment**

$14,000

**Other Expenses**

<table>
<thead>
<tr>
<th>Expense Description</th>
<th>On Campus</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Grad Fee Remissions</td>
<td>6,849</td>
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<tr>
<td>Graduate Student Insurance</td>
<td>1,095</td>
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</tr>
<tr>
<td>Printing &amp; Duplication - communications, xerox, publication</td>
<td>1,000</td>
<td></td>
</tr>
<tr>
<td>Travel Domestic - Grad to attend SOT meeting</td>
<td>1,500</td>
<td></td>
</tr>
<tr>
<td>Travel Domestic - PI to attend SOT meeting</td>
<td>1,500</td>
<td></td>
</tr>
<tr>
<td>Travel Domestic - Res Asso to attend SOT meeting</td>
<td>1,000</td>
<td></td>
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</table>

**Total Other Expenses**

$13,444

**Other S & E**

<table>
<thead>
<tr>
<th>Item Description</th>
<th>Item Description</th>
<th>On Campus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other - Included in Base - animal costs</td>
<td></td>
<td>7,500</td>
</tr>
<tr>
<td>Other - Included in Base - assay kits and standards</td>
<td></td>
<td>4,000</td>
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<tr>
<td>Other - Included in Base - chemical supplies</td>
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<td>8,000</td>
</tr>
<tr>
<td>Other - Included in Base - equipment contracts</td>
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<td>4,000</td>
</tr>
<tr>
<td>Other - Included in Base - glassware and lab supplies</td>
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<td>7,850</td>
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<tr>
<td>Other - Included in Base - other supplies</td>
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<td>Other - Included in Base - radioisotopes</td>
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<td>7,000</td>
</tr>
<tr>
<td>Other - Included in Base - tissue culture supplies</td>
<td></td>
<td>10,000</td>
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</table>

**Total Other S & E**

$53,990

**Total Direct Costs**

**F&A (Indirect) Costs**

<table>
<thead>
<tr>
<th>On-Campus</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$119,159</td>
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</tr>
</tbody>
</table>

**Total F&A (Indirect) Costs**

$119,159

**Total Cost to Sponsor**

$369,159
Coeus Proposal Development - Budget Summary

Proposal Number:  
Period 4  12 / 01 / 2008 - 11 / 30 / 2009  
Proposal  Title:

**Calculation Methodology**

The full F&A (Indirect) Cost Rates is applied to the total direct costs, less the following exclusions:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Purpose Equipment - Computer &amp; Printer</td>
<td>$5,000</td>
</tr>
<tr>
<td>Grad Fee Remissions</td>
<td>$6,849</td>
</tr>
<tr>
<td>Scientific &amp; Instruction Equip - Stereotaxis</td>
<td>$9,000</td>
</tr>
</tbody>
</table>

Total exclusions from F&A base: $20,849

### F&A (Indirect) Cost Rates and Base

<table>
<thead>
<tr>
<th>Campus</th>
<th>Rate Type</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>On</td>
<td></td>
<td>52.00MTDC</td>
</tr>
</tbody>
</table>

### F&A (Indirect) Cost Rates and Base

<table>
<thead>
<tr>
<th>Campus</th>
<th>Type</th>
<th>Base</th>
<th>Indirect Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>229,151</td>
<td>$119,159</td>
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</table>

### Employee Benefit Rates and Base

<table>
<thead>
<tr>
<th>Category</th>
<th>Start Date</th>
<th>End Date</th>
<th>Campus</th>
<th>Rate</th>
<th>Base</th>
<th>Calculated Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graduate Staff</td>
<td>01 Dec 2008</td>
<td>30 Nov 2009</td>
<td>On</td>
<td>0.40</td>
<td>$19,915</td>
<td>$90</td>
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<tr>
<td>Post Doc, Visiting Faculty</td>
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<td>30 Nov 2009</td>
<td>On</td>
<td>41.10</td>
<td>$44,255</td>
<td>$18,190</td>
</tr>
<tr>
<td>Service</td>
<td>01 Dec 2008</td>
<td>30 Nov 2009</td>
<td>On</td>
<td>54.50</td>
<td>$14,765</td>
<td>$3,047</td>
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<tr>
<td>Tenure/Tenure track Faculty</td>
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<td>30 Nov 2009</td>
<td>On</td>
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<td>$47,144</td>
<td>$16,170</td>
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Total: $42,466
## Coeus Proposal Development - Cumulative Budget Summary

### Proposal Number:
12 / 01 / 2005 - 11 / 30 / 2009

### Proposal Title:

<table>
<thead>
<tr>
<th>Personnel</th>
<th>Start Date</th>
<th>End Date</th>
<th>EB Rate</th>
<th>Fringe Benefits</th>
<th>Salaries &amp; Wages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post Doc, Visiting Faculty</td>
<td>12/01/05</td>
<td>11/30/06</td>
<td>41.10%</td>
<td>$69,839</td>
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<td>TBA, Service (60%) *</td>
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<td>$56,529</td>
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<td>11/30/06</td>
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<td>$306</td>
<td>$16,246</td>
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<tr>
<td>Tenure/Tenure Track Faculty</td>
<td>12/01/05</td>
<td>11/30/06</td>
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<tr>
<td><strong>Total Personnel</strong></td>
<td></td>
<td></td>
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<tr>
<td>Fringe Benefits</td>
<td></td>
<td></td>
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<td>$477,745</td>
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<td><strong>TOTAL WAGES</strong></td>
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<td><strong>TOTAL WAGES &amp; FRINGE BENEFITS</strong></td>
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<td></td>
<td>$538,706</td>
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### Equipment
- General Purpose Equipment - Computer & Printer: On Campus - 20,000
- Scientific & Instruction Equip - Imagine System: On Campus - 57,183
- Scientific & Instruction Equip - Sterolaxis: On Campus - 36,000

**Total Equipment**

**$113,183**

### Other Expenses
- Grad Fee Remissions: On Campus - 24,867
- Graduate Student Insurance: On Campus - 3,868
- Printing & Duplication - communications, xeroxs, publication: On Campus - 4,000
- Travel Domestic - Grad to attend SOT meeting: On Campus - 6,000
- Travel Domestic - PI to attend SOT meeting: On Campus - 6,000
- Travel Domestic - Res Asso to attend SOT meeting: On Campus - 6,000

**Total Other Expenses**

**$30,735**

### Other S & E
- Other - Included in Base - animal costs: On Campus - 28,000
- Other - Included in Base - assay kits and standards: On Campus - 18,000
- Other - Included in Base - chemical supplies: On Campus - 16,000
- Other - Included in Base - equipment contracts: On Campus - 31,568
- Other - Included in Base - glassware and lab supplies: On Campus - 62,814
- Other - Included in Base - other supplies: On Campus - 28,000
- Other - Included in Base - radiotopes: On Campus - 40,000

**Total Other S & E**

**$247,374**

### Total Direct Costs

**$1,050,000**

### F&A (Indirect) Costs
- ON-CAMPUS: **$474,216**

### Total F&A (Indirect) Costs

**$474,216**

### Total Cost to Sponsor

**$1,524,216**
# Coeus Proposal Development -Cumulative Budget Summary

**Proposal Number:**

Project 12/01/2005 - 11/30/2009

Proposal Title:

---

## Calculation Methodology

The full F&A (Indirect) Cost Rates is applied to the total direct costs, less the following exclusions:

- General Purpose Equipment - Computer & Printer: $20,000
- Grad Fee Remissions: $24,967
- Scientific & Instruction Equip - Imagine System: $57,183
- Scientific & Instruction Equip - Sterolaxs: $30,000

Total exclusions from F&A base: $138,050

---

### F&A (Indirect) Cost Rates and Base

<table>
<thead>
<tr>
<th>Campus</th>
<th>Rate Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>On</td>
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### F&A (Indirect) Cost Rates and Base

<table>
<thead>
<tr>
<th>Campus</th>
<th>Type</th>
<th>Base</th>
<th>Indirect Cost</th>
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<tbody>
<tr>
<td>On</td>
<td>MTDC</td>
<td>$911,950</td>
<td>$474,218</td>
</tr>
</tbody>
</table>

Total:

<table>
<thead>
<tr>
<th>Base</th>
<th>Indirect Cost</th>
</tr>
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<tbody>
<tr>
<td>$911,950</td>
<td>$474,218</td>
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</tbody>
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## Employee Benefit Rates and Base

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Campus</th>
<th>Rate</th>
<th>Base</th>
<th>Calculated Cost</th>
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<tbody>
<tr>
<td>Graduate Staff</td>
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<tr>
<td>01 Dec 2005</td>
<td>30 Nov 2009</td>
<td>On</td>
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<td>Service</td>
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Total: $160,961