SPS Proposal Transmittal Checksheet

1. Project Title:
   Sample for a modular Budget w/ Subs

2. Project Period
   Start Date: 12 / 01 / 2005
   End Date: 11 / 30 / 2010

3. Classification of Proposal: (Check One)
   [ ] New Proposal
   [ ] Preliminary Proposal
   [ ] Revised Proposal, SPS # under revision:
   [ ] Continuation(Renewal), Proc. Acct. No.
   [ ] Please Check One:
   [ ] Research
   [ ] Instruction
   [ ] OSF
   [ ] Fellowship

4. Sponsor Name:
   NIH

5. Is this project to be a subcontract?
   [ ] Yes   [ ] No
   If yes, please list the Prime Sponsor:

6. Is this proposal in response to an Request for Proposal/Quote?
   [ ] Yes   [ ] No
   If yes, please list the RFP/RFQ Number:

7. SPONSOR DUE DATE:
   [ ] Electronic Due Date: / /
   [ ] Postmark Paper Copy: / /
   [ ] Receipt Paper Copy: 6 / 1 / 2005

8. Special Instructions/Remarks:

INVESTIGATOR DATA

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

Collaborating Dept. Number(s) % Collaboration On Project

1063 100

Project Total must equal 100%

Director/PI Total: 100

SPS USE ONLY: SPS #:

DATE/TIME RECEIVED:

Business Office Contact:

Name:

Address:

Phone:

Fax:

Email:

Remarks:

Center for Scientific Review
National Institute of Health

6701 Rockledge Drive
Room 1040, MSC 7710
Bethesda, MD 20817

Sponsor Phone:

Sponsor Fax:

Sponsor Cost: $1,693,397.00

Cost Sharing:

Is this cost sharing in excess of the University Standard of 11? Y N

If yes, please attach approved Cost Share Commitment Form 32

Other sponsors should identify all cost sharing on the Form 32.

Will minor account establishment be required for this project? Y N

Number of Copies to Sponsor:

(6)

If applicable, include copy of sponsor guidelines.

https://www.purdue.edu/sp/pdf/TC5.pdf

000598
<table>
<thead>
<tr>
<th>Type or Print Full Name</th>
<th>Phone</th>
<th>FAX</th>
<th>Co-PI</th>
<th>Researcher</th>
<th>Collaboration Points</th>
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</tbody>
</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
1. Does this proposal contain any confidential information which is not to be publicly released? [ ] Yes [ ] No

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

3. Is this a Center/Institute proposal involving more than one school? [ ] Yes [ ] No

4. In accordance with Policy IX.6.2, the signers certify that this proposal is:
   [ ] Government Support (Purdue, Federal, State, Industry Grant)
   [ ] Contract 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.

5. Does this proposal involve an International Project Scope? [ ] Yes [ ] No

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

6. Is the space needed to perform the work available in the department? [ ] Yes [ ] No

   If "no", what is needed and what is the status of efforts to obtain the space? (Provide explanation below or attach)

7. 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, please explain: [ ] No [ ] (Contact SPS)

8. Will vertebrate animals be used in this project? [ ] Yes [ ] No

   If "yes", has approval been obtained from the Purdue Animal Care & Use Committee? [ ] Yes [ ] No

   [ ] PACUC Approval: Date Approved:

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

9. Will human subjects be used in this project? [ ] Yes [ ] No

   If "yes", has approval been obtained from the University Human Subjects Committee? [ ] Yes [ ] No

   [ ] Approval: Date Approved:

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

10. Will radioactive materials or radiation-producing devices be used? [ ] Yes [ ] No

    If "yes", has approval been obtained from the Radiological Control Committee? [ ] Yes [ ] No

    [ ] Approval: Date Approved:

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

11. Does the project involve commitment to comply with the Federal Good Laboratory Practices regulations? [ ] Yes [ ] No

    If "yes", has approval been obtained from the Office of Research Administration? [ ] Yes [ ] No

    [ ] Approval: Date Approved:

12. Will recombinant DNA be used in this project? [ ] Yes [ ] No

    If "yes", has approval been obtained from the Purdue Biosafety Committee? [ ] Yes [ ] No

    [ ] Approval: Date Approved:

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

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

14. 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 [ ] Does [ ] Does Not 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:

[Signature]

[Date]

I APPROVE THE PROPOSAL FOR TRANSMISSION TO THE AGENCY INDICATED:

[Signature]

[Date]

Project Director/Principal Investigator

[Signature]

[Date]

Department Head administratively responsible for the project

[Signature]

[Date]

Dean of School or Director of Institute administratively responsible for this project

[Signature]

[Date]

Co-Investigator/Researcher Signature

[Signature]

[Date]

[Signature]

[Date]

[Signature]

[Date]

[Signature]

[Date]

[Signature]

[Date]

[Signature]

[Date]
Department of Health and Human Services  
Public Health Services

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 Modular Budget with Subcontracts 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

<table>
<thead>
<tr>
<th>New Investigator</th>
<th>☐ No</th>
<th>☐ Yes</th>
</tr>
</thead>
</table>

3a. NAME (Last, first, middle)  
Smith, Robert F.

3b. DEGREE(S)  
Ph.D., M.S.

3c. POSITION TITLE  
Associate Professor

3d. MAILING ADDRESS (Street, city, state, zip code)  
2587 South Street  
West Lafayette, IN 47907

3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT  
School of Education

3f. MAJOR SUBDIVISION

3g. TELEPHONE AND FAX (Area code, number and extension)  
TEL: 765-494-1234  
FAX: 765-494-4321

E-MAIL ADDRESS: smithhrf@purdue.edu

4. HUMAN SUBJECTS RESEARCH

<table>
<thead>
<tr>
<th>☐ No</th>
<th>☒ Yes</th>
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4a. Research Exempt  
If "Yes," Exemption No. 3/22/03  
A3231-01

4b. Human Subjects Assurance No.  
00001548

4c. Clinical Trial

4d. NIH-defined Phase III Clinical Trial

5. VERTEBRATE ANIMALS  ☒ NO ☐ YES

5a. If "Yes," IACUC approval Date

5b. Animal welfare assurance no.

6. DATES OF PROPOSED PERIOD OF SUPPORT (month, day, year—MM/DD/YY)  
From 12/1/2005  Through 11/30/2010

7. COSTS REQUESTED FOR INITIAL BUDGET PERIOD

<table>
<thead>
<tr>
<th>7a. Direct Costs ($)</th>
<th>7b. Total Costs ($)</th>
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<td>$225,000</td>
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8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT

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<td>$1,125,000</td>
<td>$1,693,397</td>
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9. APPLICANT ORGANIZATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Purdue University</th>
</tr>
</thead>
</table>

| Address | 302 Wood Street  
Young Hall, 7th Floor  
West Lafayette, IN 47907-2108 |

10. TYPE OF ORGANIZATION

Public: ☒  Federal ☐  State ☐  Local

Private: ☒  Private Nonprofit

For-profit: ☐  General ☐  Small Business

Woman-owned ☐  Socially and Economically Disadvantaged

11. ENTITY IDENTIFICATION NUMBER  
356002041  
DUNS NO. 07-205-1394  
Cong. Dist. 4th

12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE

<table>
<thead>
<tr>
<th>Name</th>
<th>Thomas B. Wright</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title</th>
<th>Senior Operations Manager</th>
</tr>
</thead>
</table>

| Address | 302 Wood Street  
Young Hall, 7th Floor  
West Lafayette, IN 47907-2108 |

13. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Thomas B. Wright</th>
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</table>

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<th>Title</th>
<th>Senior Operations Manager</th>
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</table>

| Address | 302 Wood Street  
Young Hall, 7th Floor  
West Lafayette, IN 47907-2108 |

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

E-Mail: proposal@purdue.edu

Form Approved Through 09/30/2007  
OMB No. 0925-0001

PHS 398 (Rev. 04/06)  
Face Page  
Form Page 1
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 MODULAR BUDGET WITH SUBCONTRACTS 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>
</thead>
<tbody>
<tr>
<td>Smith, Robert Fred</td>
<td>SMITHRF</td>
<td>Purdue University</td>
<td>PI</td>
</tr>
<tr>
<td>Benoit, Jason B.</td>
<td>BENOITJB</td>
<td>Cincinatti</td>
<td>Collaborator</td>
</tr>
<tr>
<td>Flint, Kyle C</td>
<td>FLINTKC</td>
<td>Washington</td>
<td>Collaborator</td>
</tr>
</tbody>
</table>

OTHER SIGNIFICANT CONTRIBUTORS

<table>
<thead>
<tr>
<th>Name</th>
<th>Organization</th>
<th>Role on Project</th>
</tr>
</thead>
</table>

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
# RESEARCH GRANT

## TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Face Page</td>
<td>1</td>
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<tr>
<td>Description, Performance Sites, Key Personnel, Other Significant Contributors, and Human Embryonic Stem Cells</td>
<td>2</td>
</tr>
<tr>
<td>Table of Contents</td>
<td>4</td>
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<tr>
<td>Detailed Budget for Initial Budget Period (or Modular Budget)</td>
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<tr>
<td>Budget for Entire Proposed Period of Support (not applicable with Modular Budget)</td>
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<td>Budgets Pertaining to Consortium/Contractual Arrangements (not applicable with Modular Budget)</td>
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<tr>
<td>Biographical Sketch – Principal Investigator/Program Director (Not to exceed four pages)</td>
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<tr>
<td>Other Biographical Sketches (Not to exceed four pages for each – See instructions)</td>
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<td>Resources</td>
<td>15</td>
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<tr>
<td>Research Plan</td>
<td>16</td>
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<tr>
<td>Introduction to Revised/Resubmission Application (Not to exceed 3 pages.)</td>
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<tr>
<td>Introduction to Supplemental/Revision Application (Not to exceed one page.)</td>
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<tr>
<td>A. Specific Aims</td>
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<td>B. Background and Significance</td>
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<td>C. Preliminary Studies/Progress Report</td>
<td>16</td>
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<tr>
<td>D. Research Design and Methods</td>
<td>16</td>
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<tr>
<td>E. Human Subjects Research</td>
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<tr>
<td>Protection of Human Subjects (Required if Item 4 on the Face Page is marked &quot;Yes&quot;)</td>
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<td>Data and Safety Monitoring Plan (Required if Item 4 on the Face Page is marked &quot;Yes&quot; and a Phase I, II, or III clinical trial is proposed)</td>
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<tr>
<td>Inclusion of Women and Minorities (Required if Item 4 on the Face Page is marked &quot;Yes&quot; and is Clinical Research)</td>
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<td>Targeted/Planned Enrollment Table (for new and continuing clinical research studies)</td>
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<td>H. Literature Cited</td>
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<td>I. Multiple PI Leadership Plan</td>
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<td>J. Consortium/Contractual Arrangements</td>
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<tr>
<td>K. Resource Sharing</td>
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<td>L. Letters of Support (e.g., Consultants)</td>
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## Checklist

<table>
<thead>
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<tbody>
<tr>
<td>Appendix (Five collated sets. No page numbering necessary for Appendix.)</td>
<td>27</td>
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</tbody>
</table>

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

Other items (list):

---

Check if Appendix is Included
Personnel
Dr. Robert Smith will be devoting 2 AY months and .4 summer months to the project. He will oversee all parts of the research.

LIST OTHER PERSONNEL ON THE PROJECT!

Consortium
Cincinnati will be receiving $484,055 over the five year period to support two professors for 1.2 FY months.

Washington University will be given $163,375 over the first three years of the project. This will cover 1.2 FY months for their professor.
BIOGRAPHICAL SKETCH
Provide the following information for the key personnel and other significant contributors in the order listed on Form Page 2.
Follow this format for each person. DO NOT EXCEED FOUR PAGES.

NAME
Smith, Robert Fred

POSITION TITLE
Professor of Microbiology

eRA COMMONS USER NAME
SMITHRF

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)

<table>
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<tr>
<th>INSTITUTION AND LOCATION</th>
<th>DEGREE (if applicable)</th>
<th>YEAR(s)</th>
<th>FIELD OF STUDY</th>
</tr>
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<tbody>
<tr>
<td>Stanford University</td>
<td>Ph.D.</td>
<td>1964</td>
<td>Infectious Diseases</td>
</tr>
<tr>
<td>Harvard Medical School</td>
<td>M.D.</td>
<td>1972</td>
<td>Medicine/Parasitology</td>
</tr>
</tbody>
</table>

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
1978-1984 Senior Associate in Infectious Diseases, Children's Hospital, Boston, MA
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
Benoit, Jason B  

Professor of Microbiology

EDUCATION/TRAINING (Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)

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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- Al24680-04 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
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
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1978-1984 Assistant Professor of Pediatrics, Harvard Medical School
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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**

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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*)
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 Modular Budget with Subcontracts Proposal

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

3. PRINCIPAL INVESTIGATOR/PROGRAM DIRECTOR

3a. NAME (Last, first, middle)
Benoit, Jason B

3b. DEGREE(S)
Ph.D.  M.S.

3c. POSITION TITLE
Associate Professor

3d. MAILING ADDRESS (Street, city, state, zip code)
123 E. Way
Cincinnati, OH 12345

3e. eRA Commons User Name
BENOITJB

3f. MAJOR SUBDIVISION

3g. TELEPHONE AND FAX (Area code, number and extension)
TEL: 123-456-7890  FAX: 123-456-0987
E-MAIL ADDRESS:
benoitjb@cinci.edu

4. HUMAN SUBJECTS RESEARCH

4a. Research Exempt
□ No  □ Yes
If “Yes,” Exemption No.

4b. Human Subjects Assurance No.

5. VERTEBRATE ANIMALS □ No  □ Yes

5a. If “Yes,” IACUC approval Date
5b. Animal welfare assurance no.

4c. Clinical Trial □ No  □ Yes
4d. NIH-defined Phase III Clinical Trial □ No  □ Yes

□ No  □ Yes
□ No  □ Yes

6. DATES OF PROPOSED PERIOD OF SUPPORT (month, day, year—MM/DD/YY)
From 12/1/2005 Through 11/30/2010

7. COSTS REQUESTED FOR INITIAL BUDGET PERIOD
7a. Direct Costs ($) $59,397
7b. Total Costs ($) $91,174

8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT
8a. Direct Costs ($) $315,345
8b. Total Costs ($) $484,055

9. APPLICANT ORGANIZATION
Name Cincinnati
Address 321 West Street
Cincinnati, OH 98765

10. TYPE OF ORGANIZATION
Public: □ Federal  □ State  □ Local
Private: □ Private Nonprofit
For-profit: □ General  □ Small Business
Woman-owned □ Socially and Economically Disadvantaged

11. ENTITY IDENTIFICATION NUMBER
123456789
DUNS NO. 02-301-1265  Cong. District 8

12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE
Name Robert Lang
Title Assistant Director, SPS
Address 321 West Street
Cincinnati, OH 98765
Tel: 123-456-1234  FAX: 123-456-1254
E-Mail: proposal@cinci.edu

13. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION
Name Robert Lang
Title Assistant Director, SPS
Address 321 West Street
Cincinnati, OH 98765
Tel: 123-456-1235  FAX: 123-456-1254
E-Mail: proposal@cinci.edu

14. APPLICANT ORGANIZATION CERTIFICATION AND ACCEPTANCE: I certify that the assertions 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

PHS 398 (Rev. 04/06)
## Detailed Budget for Initial Budget Period

### Personnel

<table>
<thead>
<tr>
<th>NAME</th>
<th>Role on Project</th>
<th>Months Devoted to Project</th>
<th>INST. BASE SALARY</th>
<th>SALARY REQUESTED</th>
<th>FRINGE BENEFITS</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benoit, Jason B.</td>
<td>Principal Investigator</td>
<td>1 .2</td>
<td>95,271</td>
<td>9,527</td>
<td>3,115</td>
<td>12,642</td>
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<tr>
<td>Clegg, Brian H.</td>
<td>Co-PI</td>
<td>1 .2</td>
<td>93,395</td>
<td>9,340</td>
<td>3,054</td>
<td>12,394</td>
</tr>
</tbody>
</table>

### Subtotals

- **Subtotals**: 18,867 / 6,169 / 25,036

### Consultant Costs
- **Consultant Costs**

### Equipment
- **Equipment** (Itemize)

### Supplies
- **Supplies** (Itemize by category)
  - Animals: $9000
  - Consumables: $3200

### Travel
- **Travel**: 12,200

### Patient Care Costs
- **Patient Care Costs**
  - Inpatient
  - Outpatient

### Alterations and Renovations
- **Alterations and Renovations** (Itemize by category)

### Other Expenses
- **Other Expenses** (Itemize by category)
  - Includes PPSA costs at 50% effort (Subaward costs)

### Consortium/Contractual Costs

### Subtotal Direct Costs for Initial Budget Period

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Subtotal Direct Costs for Initial Budget Period</td>
<td>$59,397</td>
</tr>
<tr>
<td>Consortium/Contractual Costs</td>
<td>$31,777</td>
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<tr>
<td>Total Direct Costs for Initial Budget Period</td>
<td>$91,174</td>
</tr>
</tbody>
</table>

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**PHS 398 (Rev. 04/06)**

<table>
<thead>
<tr>
<th>Page</th>
<th>Form Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>18</td>
<td>4</td>
</tr>
</tbody>
</table>

**000619**
### BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD
**DIRECT COSTS ONLY**

<table>
<thead>
<tr>
<th>BUDGET CATEGORY TOTALS</th>
<th>INITIAL BUDGET PERIOD (from Form Page 4)</th>
<th>ADDITIONAL YEARS OF SUPPORT REQUESTED</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2nd</td>
<td>3rd</td>
</tr>
<tr>
<td>PERSONNEL: Salary and fringe benefits. Applicant organization only.</td>
<td>25,036</td>
<td>25,787</td>
</tr>
<tr>
<td>CONSULTANT COSTS</td>
<td></td>
<td></td>
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<tr>
<td>EQUIPMENT</td>
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<tr>
<td>SUPPLIES</td>
<td>12,200</td>
<td>12,566</td>
</tr>
<tr>
<td>TRAVEL</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PATIENT CARE COSTS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>INPATIENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>OUTPATIENT</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ALTERATIONS AND RENOVATIONS</td>
<td></td>
<td></td>
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<tr>
<td>OTHER EXPENSES</td>
<td>22,161</td>
<td>22,826</td>
</tr>
<tr>
<td>CONSORTIUM/ CONTRACTUAL COSTS</td>
<td>DIRECT</td>
<td></td>
</tr>
<tr>
<td>SUBTOTAL DIRECT COSTS</td>
<td>59,397</td>
<td>61,179</td>
</tr>
<tr>
<td>(Sum = Item 8a, Face Page)</td>
<td></td>
<td></td>
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<tr>
<td>CONSORTIUM/ CONTRACTUAL COSTS</td>
<td>F&amp;A</td>
<td></td>
</tr>
<tr>
<td>TOTAL DIRECT COSTS</td>
<td>91,174</td>
<td>93,910</td>
</tr>
</tbody>
</table>

**TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PROJECT PERIOD**

$ 484,055

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

JUSTIFY PERSONNEL, EQUIPMENT, SUPPLIES, TRAVEL AND ANYTHING ELSE IN THE BUDGET.
CINCINNATI'S STATEMENT OF WORK
Principal Investigator/Program Director (last, First, Middle): Smith, Robert Fred (Cincinnati)

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 supplemental/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/REVISON to grant number: ________________________________
  (This application is for additional funds to supplement a currently funded grant.)
  ☐ Yes, if _______________________
  ☐ Not previously reported

☐ CHANGE of principal investigator/program director:

☐ CHANGE of Grantee 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 Face Page, 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.

• Human Subjects Research • Research Using Human Embryonic Stem Cells • Research on Transplantation of Human Fetal Tissue • Women and Minority Inclusion Policy • Inclusion of Children Policy • Vertebrate Animals • Debarment and Suspension • Drug-Free Workplace (applicable to new [Type 1] or revised/resubmission [Type 1] applications only) • Lobbying • Non-Debarment on Federal Debt • Research Misconduct • Civil Rights (Form HHS 441 or HHS 690) • Handicapped Individuals (Form HHS 641 or HHS 690) • Sex Discrimination (Form HHS 639-A or HHS 690) • Age Discrimination (Form HHS 680 or HHS 690) • Recombinant DNA Research, Including Human Gene Transfer Research • Financial Conflict of Interest • Smoke Free Workplace • Prohibited Research • Select Agent Research • PI Assurance

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

☒ DHHS Agreement dated: 02/27/2004
☐ 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.)

a. Initial budget period: Amount of base $59,397 x Rate applied 53.50% = F&A costs $31,777

b. 02 year Amount of base $61,179 x Rate applied 53.50% = F&A costs $32,731

c. 03 year Amount of base $63,015 x Rate applied 53.50% = F&A costs $33,713

d. 04 year Amount of base $64,904 x Rate applied 53.50% = F&A costs $34,724

e. 05 year Amount of base $66,850 x Rate applied 53.50% = F&A costs $35,765

TOTAL F&A Costs $168,710

*Check appropriate box(es):
☐ Salary and wages base ☒ Modified total direct cost base
☐ Off-site, other special rate, or more than one rate involved (Explain)
Explanation (Attach separate sheet, if necessary):
Department of Health and Human Services

Public Health Services

Grant Application

Do not exceed character length restrictions indicated.

Sample for a Modular Budget with Subcontracts Proposal

1. TITLE OF PROJECT (Do not exceed 81 characters, including spaces and punctuation.)

Sample for a Modular Budget with Subcontracts Proposal

2. RESPONSE TO SPECIFIC REQUEST FOR APPLICATIONS OR PROGRAM ANNOUNCEMENT OR SOLICITATION

☐ NO ☐ YES

(If "Yes," state number and title)

Number:

3a. NAME (Last, first, middle)

Flint, Kyle C

3b. DEGREE(S)

Ph.D. M.S.

3c. POSITION TITLE

Associate Professor

3d. MAILING ADDRESS (Street, city, state, zip code)

987 State Street
Washington, OR 56497

3e. DEPARTMENT, SERVICE, LABORATORY, OR EQUIVALENT

School of Education

3f. MAJOR SUBDIVISION

3g. TELEPHONE AND FAX (Area code, number and extension)


E-MAIL ADDRESS:

flintkc@washington.edu

4. HUMAN SUBJECTS RESEARCH

4b. Human Subjects Assurance No.

☐ No ☑ Yes

4c. Clinical Trial

☐ No ☑ Yes

4d. NIH-defined Phase III Clinical Trial

☐ No ☑ Yes

5. VERTEBRATE ANIMALS

☐ No ☑ Yes

5a. If "Yes," IACUC approval Date

6/22/03

5b. Animal welfare assurance no.

C5656

6. DATES OF PROPOSED PERIOD OF SUPPORT (month, day, year—MM/DD/YY)

From 12/1/2005 Through 11/30/2008

7. COSTS REQUESTED FOR INITIAL BUDGET PERIOD

7a. Direct Costs ($) 39,850

7b. Total Costs ($) 55,950

8. COSTS REQUESTED FOR PROPOSED PERIOD OF SUPPORT

8a. Direct Costs ($) 114,900

8b. Total Costs ($) 163,375

9. APPLICANT ORGANIZATION

Name Washington University

Address 564 First Street
Washington, Or 56497

10. TYPE OF ORGANIZATION

Public: ☐ Federal ☑ State ☐ Local

Private: ☐ Private Nonprofit

For-profit: ☐ General ☐ Small Business

Woman-owned ☐ Socially and Economically Disadvantaged

11. ENTITY IDENTIFICATION NUMBER

123456789

DUNS NO. 02-301-1265

Cong. District 8

12. ADMINISTRATIVE OFFICIAL TO BE NOTIFIED IF AWARD IS MADE

Name Stacy Ping

Title Assistant Director, SPS

Address 564 First Street
Washington, Or 56497

Tel: 987-654-5646 FAX: 987-654-2310

E-Mail: proposal@washington.edu

13. OFFICIAL SIGNING FOR APPLICANT ORGANIZATION

Name Stacy Ping

Title Assistant Director, SPS

Address 564 First Street
Washington, Or 56497

Tel: 987-654-5646 FAX: 987-654-2310

E-Mail: proposal@washington.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.

(LIN. "Per" signature not acceptable.)

DATE

PHS 398 (Rev. 06/06) Face Page Form Page 1
## PERSONNEL (Applicant organization only)

<table>
<thead>
<tr>
<th>NAME</th>
<th>ROLE ON PROJECT</th>
<th>Months Devoted to Project</th>
<th>DOLLAR AMOUNT REQUESTED (omit cents)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Flint, Kyle C.</td>
<td>Principal Investigator</td>
<td>1.2</td>
<td>242,000 24,200 8,000 32,200</td>
</tr>
</tbody>
</table>

### CONSULTANT COSTS

**EQUIPMENT (Itemize)**

**SUPPLIES (Itemize by category)**

Animals

**TRAVEL**

For Conferences

1,800

**PATIENT CARE COSTS**

INPATIENT

OUTPATIENT

**ALTERATIONS AND RENOVATIONS (Itemize by category)**

**OTHER EXPENSES (Itemize by category)**

Human Subject Payments

4,800

1,050

### CONSORTIUM/CONTRACTUAL COSTS

<table>
<thead>
<tr>
<th>DIRECT COSTS</th>
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<td>16,100</td>
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### TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD

$ 55,950
<table>
<thead>
<tr>
<th>BUDGET CATEGORY TOTALS</th>
<th>INITIAL BUDGET PERIOD (from Form Page 4)</th>
<th>ADDITIONAL YEARS OF SUPPORT REQUESTED</th>
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</thead>
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<tr>
<td></td>
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<tr>
<td>PERSONNEL: Salary and fringe benefits. Applicant organization only.</td>
<td>32,220</td>
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</tr>
<tr>
<td>CONSORTIUM/ CONTRACTUAL COSTS</td>
<td>DIRECT</td>
<td></td>
</tr>
<tr>
<td>SUBTOTAL DIRECT COSTS</td>
<td>39,850</td>
<td>40,050</td>
</tr>
<tr>
<td>(Sum = Item 8a, Face Page)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>CONSORTIUM/ CONTRACTUAL COSTS</td>
<td>F&amp;A</td>
<td>16,100</td>
</tr>
<tr>
<td>TOTAL DIRECT COSTS</td>
<td>55,950</td>
<td>56,250</td>
</tr>
</tbody>
</table>

TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PROJECT PERIOD $168,375

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

JUSTIFY PERSONNEL, EQUIPMENT, SUPPLIES, TRAVEL AND ANYTHING ELSE IN THE BUDGET.
WASHINGTON'S STATEMENT OF WORK
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 supplemental/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," ☐ No previously reported
☐ CHANGE of principal investigator/program director:

Name of former principal investigator/program director:
☐ CHANGE of Grantee 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 Face Page, 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.

- Debarment and Suspension
- Drug-Free Workplace (applicable to new Type 1 or revised/resubmission Type 1 applications only)
- Lobbying
- Non-Delinquency on Federal Debt
- Research Misconduct
- Civil Rights (Form HHS 441 or HHS 690)
- Handicapped Individuals (Form HHS 641 or HHS 690)
- Sex Discrimination (Form HHS 639-A or HHS 690)
- Age Discrimination (Form HHS 680 or HHS 690)
- Recombinant DNA Research, Including Human Gene Transfer Research
- Financial Conflict of Interest
- Smoke Free Workplace
- Prohibited Research
- Select Agent Research
- PI Assurance

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

☒ DHHS Agreement dated: 02/27/2004 ☐ 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.)

a. Initial budget period:
   Amount of base $ 39,850 x Rate applied 40.40% = F&A costs $ 16,100
b. 02 year
   Amount of base $ 40,050 x Rate applied 40.40% = F&A costs $ 16,200
c. 03 year
   Amount of base $ 40,000 x Rate applied 40.40% = F&A costs $ 16,175
d. 04 year
   Amount of base $ x Rate applied 40.40% = F&A costs $
e. 05 year
   Amount of base $ x Rate applied 40.40% = F&A costs $

TOTAL F&A Costs $ 48,475

*Check appropriate box(es):
☐ Salary and wages base ☒ Modified total direct cost base ☐ Other base (Explain)
☐ Off-site, other special rate, or more than one rate involved (Explain)
Explanation (Attach separate sheet, if necessary):
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 supplemental/revision application.)
☐ COMPETING CONTINUATION/RENEWAL of grant number: ____________________________
  (This application is to extend a funded grant beyond its current project period.)
☐ INVENTIONS AND PATENTS
  (Competing continuation/renewal appl. only)
  No ☐ Previously reported
☐ SUPPLEMENT/REVISION to grant number: ____________________________
  (This application is for additional funds to supplement a currently funded grant.)
☐ CHANGE of principal investigator/program director:
  Name of former principal investigator/program director: ____________________________
  CHANGE of Grantee 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 Face Page, 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.

☒Human Subjects Research ☒Drug-Free Workplace (applicable to new Type I or revised/resubmission Type I applications only) ☒Lobbying
☒Non-Deinquiry on Federal Debt ☒Research Misconduct ☒Civil Rights
  (Form HHS 441 or HHS 690) ☒Handicapped Individuals (Form HHS 641 or HHS 690) ☒Sex Discrimination (Form HHS 639-A or HHS 690) ☒Age
  Discrimination (Form HHS 680 or HHS 690) ☒Recombinant DNA Research, Including Human Gene Transfer Research ☒Financial Conflict
  of Interest ☒Smoke Free Workplace ☒Prohibited Research ☒Select Agent Research ☒PI Assurance

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>a. Initial budget period:</th>
<th>Amount of base $</th>
<th>Rate applied</th>
<th>% = F&amp;A costs $</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. 02 year</td>
<td>164,587</td>
<td>52.00</td>
<td>85,584</td>
</tr>
<tr>
<td>c. 03 year</td>
<td>111,741</td>
<td>52.00</td>
<td>58,106</td>
</tr>
<tr>
<td>d. 04 year</td>
<td>109,149</td>
<td>52.00</td>
<td>56,756</td>
</tr>
<tr>
<td>e. 05 year</td>
<td>146,400</td>
<td>52.00</td>
<td>76,127</td>
</tr>
<tr>
<td></td>
<td>143,536</td>
<td>52.00</td>
<td>74,639</td>
</tr>
</tbody>
</table>

TOTAL F&A Costs $ 351,212

*Check appropriate box(es):
☐ Salary and wages base ☒ Modified total direct cost base
☐ Off-site, other special rate, or more than one rate involved  (Explain)

Explanation (Attach separate sheet, if necessary):
## Coeus Proposal Development - Budget Summary

**Proposal Number:**

**Period 1:** 01 Dec 2005 - 30 Nov 2006

**Budget Version 3**

### Proposal Title:

<table>
<thead>
<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>Tenure/Tenure Track Faculty</td>
<td>12/01/05</td>
<td>11/30/06</td>
<td>34.30%</td>
<td>20.00</td>
<td>$8,052.00</td>
<td>$23,475.00</td>
</tr>
<tr>
<td>Service</td>
<td>12/01/05</td>
<td>11/30/06</td>
<td>54.50%</td>
<td>10.00</td>
<td>$1,503.00</td>
<td>$2,760.00</td>
</tr>
<tr>
<td>Tenure/Tenure Track Faculty</td>
<td>12/01/05</td>
<td>11/30/06</td>
<td>34.30%</td>
<td>5.00</td>
<td>$1,953.00</td>
<td>$6,695.00</td>
</tr>
<tr>
<td>TBA, Graduate Staff (8230), 10, Graduate Staff</td>
<td>12/01/05</td>
<td>11/30/06</td>
<td>0.40%</td>
<td>75.00</td>
<td>$92.00</td>
<td>$22,807.00</td>
</tr>
<tr>
<td>TBA, Technical Assistant (8217), Technical Assistant (70A)</td>
<td>12/01/05</td>
<td>11/30/06</td>
<td>41.10%</td>
<td>75.00</td>
<td>$8,315.00</td>
<td>$20,231.00</td>
</tr>
</tbody>
</table>

**TOTAL WAGES**

$19,915.00

**Fringe Benefits:**

Total Fringe Benefits

**TOTAL WAGES & FRINGE BENEFITS**

$94,884.00

### Other Expenses

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grad Fee Remissions</td>
<td>$11,165.00</td>
</tr>
<tr>
<td>Graduate Student Insurance</td>
<td>$1,692.00</td>
</tr>
</tbody>
</table>

Total Other Expenses: $12,858.00

### Other S & E

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Animal Purchases</td>
<td>$5,120.00</td>
</tr>
<tr>
<td>Other - Included in Base - Rat Feed</td>
<td>$6,000.00</td>
</tr>
<tr>
<td>Other S &amp; E</td>
<td>$6,690.00</td>
</tr>
</tbody>
</table>

Total Other S & E: $18,010.00

### Subcontracts

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Subcontracts &lt;= $25,000 - Cinci</td>
<td>$25,000.00</td>
</tr>
<tr>
<td>Subcontracts &lt;= $25,000 - W&amp;L</td>
<td>$25,000.00</td>
</tr>
<tr>
<td>Subcontracts without F &amp; A - Cinci</td>
<td>$66,174.00</td>
</tr>
<tr>
<td>Subcontracts without F &amp; A - W&amp;L</td>
<td>$30,850.00</td>
</tr>
</tbody>
</table>

Total Subcontracts: $147,124.00

### Total Direct Costs

$272,877.00

### F&A (Indirect) Costs

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>ON-CAMPUS</td>
<td>$85,584.00</td>
</tr>
</tbody>
</table>

Total F&A (Indirect) Costs: $85,584.00

### Total Cost to Sponsor

$358,461.00

---

Page 1 of 2

2/22/2005
## 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>Grad Fee Remissions</td>
<td>$11,106.00</td>
</tr>
<tr>
<td>Subcontracts without F &amp; A - Cinci</td>
<td>$86,174.00</td>
</tr>
<tr>
<td>Subcontracts without F &amp; A - W&amp;L</td>
<td>$30,950.00</td>
</tr>
<tr>
<td><strong>Total exclusions from F&amp;A base</strong></td>
<td><strong>$188,290.00</strong></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Campus</th>
<th>Rate</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Dec 2005</td>
<td>30 Nov 2006</td>
<td>N</td>
<td>52.00</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>$164,587</td>
<td>$85,584</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>164,587</td>
<td>85,584</td>
</tr>
</tbody>
</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>Graduate Staff</td>
<td>01 Dec 2005</td>
<td>30 Nov 2006</td>
<td>On</td>
<td>0.40</td>
<td>$22,807.00</td>
</tr>
<tr>
<td>Service</td>
<td>01 Dec 2005</td>
<td>30 Nov 2006</td>
<td>On</td>
<td>54.50</td>
<td>$2,760.00</td>
</tr>
<tr>
<td>Technical Assistant (TFA)</td>
<td>01 Dec 2005</td>
<td>30 Nov 2006</td>
<td>On</td>
<td>41.10</td>
<td>$20,231.00</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>$20,171.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>$19,915.00</strong></td>
</tr>
</tbody>
</table>
# Coeus Proposal Development - Budget Summary

**Proposal Number:**  
Period 2 01 Dec 2006 - 30 Nov 2007  
**Proposal** Program Project  
**Title:**

<table>
<thead>
<tr>
<th>Personnel</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>Tenure/Tenure Track Faculty</td>
<td>12/01/06</td>
<td>11/30/07</td>
<td>34.39%</td>
<td>20.00</td>
<td>$8,455.00</td>
<td>$24,650.00</td>
</tr>
<tr>
<td>Service</td>
<td>12/01/06</td>
<td>11/30/07</td>
<td>54.50%</td>
<td>10.00</td>
<td>$1,540.00</td>
<td>$2,842.00</td>
</tr>
<tr>
<td>Tenure/Tenure Track Faculty</td>
<td>12/01/06</td>
<td>11/30/07</td>
<td>34.30%</td>
<td>5.00</td>
<td>$2,051.00</td>
<td>$5,980.00</td>
</tr>
<tr>
<td>TBA, Graduate Staff (8230), 10, Graduate Staff</td>
<td>12/01/06</td>
<td>11/30/07</td>
<td>0.40%</td>
<td>75.00</td>
<td>$94.00</td>
<td>$23,491.00</td>
</tr>
<tr>
<td>TBA, Technical Assistant (8217), Technical Assistant (70A)</td>
<td>12/01/06</td>
<td>11/30/07</td>
<td>41.10%</td>
<td>50.00</td>
<td>$5,765.00</td>
<td>$14,027.00</td>
</tr>
<tr>
<td><strong>Total Personnel</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>$17,914.00</strong></td>
<td><strong>$70,990.00</strong></td>
</tr>
</tbody>
</table>

**TOTAL WAGES**

**Fringe Benefits:**  
Total Fringe Benefits:

**TOTAL WAGES & FRINGE BENEFITS**

**Other Expenses**

Grad Fee Remissions
Graduate Student Insurance

<table>
<thead>
<tr>
<th>Other Expenses</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Grad Fee Remissions</td>
<td></td>
<td></td>
<td>$12,030.00</td>
<td></td>
</tr>
<tr>
<td>Graduate Student Insurance</td>
<td></td>
<td></td>
<td>$1,844.00</td>
<td></td>
</tr>
<tr>
<td><strong>Total Other Expenses</strong></td>
<td></td>
<td></td>
<td><strong>$13,874.00</strong></td>
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</tr>
</tbody>
</table>

**Other S & E**

Animal Purchases  
Other - Included in Base - Rat Feed  
Other S & E

<table>
<thead>
<tr>
<th>Other S &amp; E</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Animal Purchases</td>
<td></td>
<td></td>
<td>$5,120.00</td>
<td></td>
</tr>
<tr>
<td>Other - Included in Base - Rat Feed</td>
<td></td>
<td></td>
<td>$9,873.00</td>
<td></td>
</tr>
<tr>
<td>Other S &amp; E</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total Other S &amp; E</strong></td>
<td></td>
<td></td>
<td><strong>$20,993.00</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Subcontracts**

Subcontracts without F & A - Cinci  
Subcontracts without F & A - W&L

<table>
<thead>
<tr>
<th>Subcontracts</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Subcontracts without F &amp; A - Cinci</td>
<td></td>
<td></td>
<td><strong>$93,910.00</strong></td>
<td></td>
</tr>
<tr>
<td>Subcontracts without F &amp; A - W&amp;L</td>
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<td></td>
<td><strong>$59,250.00</strong></td>
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</tr>
<tr>
<td><strong>Total Subcontracts</strong></td>
<td></td>
<td></td>
<td><strong>$150,160.00</strong></td>
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</tr>
</tbody>
</table>

**Total Direct Costs**

**F&A (Indirect) Costs**

ON-CAMPUS  
Total F&A (Indirect) Costs

<table>
<thead>
<tr>
<th>F&amp;A (Indirect) Costs</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>ON-CAMPUS</td>
<td></td>
<td></td>
<td>$50,106.00</td>
<td></td>
</tr>
<tr>
<td><strong>Total F&amp;A (Indirect) Costs</strong></td>
<td></td>
<td></td>
<td><strong>$50,106.00</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Total Cost to Sponsor**

<table>
<thead>
<tr>
<th>Total Cost to Sponsor</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>$33,037.00</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Calculation Methodology

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

<table>
<thead>
<tr>
<th>Exclusion Type</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grad Fee Remissions</td>
<td>$12,030.00</td>
</tr>
<tr>
<td>Subcontracts without F &amp; A - Cincl</td>
<td>$93,910.00</td>
</tr>
<tr>
<td>Subcontracts without F &amp; A - W&amp;L</td>
<td>$50,250.00</td>
</tr>
<tr>
<td>Total exclusions from F&amp;A base</td>
<td>$162,100.00</td>
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### F&A (Indirect) Cost Rates and Base

<table>
<thead>
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<th>Start Date</th>
<th>End Date</th>
<th>Campus</th>
<th>Rate</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Dec 2006</td>
<td>30 Nov 2007</td>
<td>N</td>
<td>52.00</td>
<td>MTDC</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Campus Type</th>
<th>Base</th>
<th>Indirect Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>MTDC</td>
<td>$111,741</td>
<td>$58,106</td>
</tr>
<tr>
<td></td>
<td>111,741</td>
<td>58,106</td>
</tr>
</tbody>
</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>Graduate Staff</td>
<td></td>
<td>On</td>
<td>0.40</td>
<td>$23,491.00</td>
<td>$94.00</td>
</tr>
<tr>
<td>01 Dec 2006</td>
<td>30 Nov 2007</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Service</td>
<td></td>
<td>On</td>
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<td>$2,842.00</td>
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<tr>
<td>Technical Assistant (70A)</td>
<td></td>
<td>On</td>
<td>41.10</td>
<td>$14,027.00</td>
<td>$5,755.00</td>
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<tr>
<td>01 Dec 2006</td>
<td>30 Nov 2007</td>
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<td></td>
</tr>
<tr>
<td>Tenure/tenure track Faculty</td>
<td></td>
<td>On</td>
<td>34.30</td>
<td>$30,630.00</td>
<td>$10,506.00</td>
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<tr>
<td>01 Dec 2006</td>
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<td>Total</td>
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<td></td>
<td>$17,914.00</td>
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</table>
# Coeus Proposal Development - Budget Summary

## Proposal Number:

**Period 3** 01 Dec 2007 - 30 Nov 2008

**Proposal** Program Project

**Title:**

<table>
<thead>
<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>
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</thead>
<tbody>
<tr>
<td>Tenure/Tenure Track Faculty</td>
<td>12/01/07</td>
<td>11/30/08</td>
<td>34.30%</td>
<td>20.00</td>
<td>$8,878.00</td>
<td>$25,883.00</td>
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<tr>
<td>Service</td>
<td>12/01/07</td>
<td>11/30/08</td>
<td>54.50%</td>
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<td>$798.00</td>
<td>$1,463.00</td>
</tr>
<tr>
<td>Tenure/Tenure Track Faculty</td>
<td>12/01/07</td>
<td>11/30/08</td>
<td>34.30%</td>
<td>5.00</td>
<td>$2,154.00</td>
<td>$6,279.00</td>
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<td>TBA, Graduate Staff (8230), 10, Graduate Staff</td>
<td>12/01/07</td>
<td>11/30/08</td>
<td>0.40%</td>
<td>75.00</td>
<td>$97.00</td>
<td>$24,196.00</td>
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<td>TBA, Technical Assistant (8217), Technical Assistant (79A)</td>
<td>12/01/07</td>
<td>11/30/08</td>
<td>41.10%</td>
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<td>$6,096.00</td>
<td>$14,588.00</td>
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**TOTAL PERSONNEL**

**Total Fringe Benefits**

**TOTAL WAGES & FRINGE BENEFITS**

<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>
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</thead>
<tbody>
<tr>
<td>Grad Fee Remissions</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Graduate Student Insurance</td>
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**TOTAL OTHER EXPENSES**

<table>
<thead>
<tr>
<th>Other S &amp; E</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>Animal Purchases</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Other - Included in Base - Rat Feed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Other S &amp; E</td>
<td></td>
<td></td>
<td></td>
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</table>

**TOTAL OTHER S & E**

<table>
<thead>
<tr>
<th>Subcontracts</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>Subcontracts without F &amp; A - Cinci</td>
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<td></td>
<td></td>
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<tr>
<td>Subcontracts without F &amp; A - W&amp;L</td>
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**TOTAL SUBCONTRACTS**

**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>
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<td></td>
<td></td>
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<tr>
<td>Total F&amp;A (Indirect) Costs</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TOTAL COST TO SPONSOR**

| | Start Date | End Date | EB Rate | Percentage Effort | Fringe Benefits | Salaries & Wages |
| | | | | | | |
| | | | | | | |

**TOTAL WAGES**

**Total Fringe Benefits**

**TOTAL WAGES & FRINGE BENEFITS**

| | Start Date | End Date | EB Rate | Percentage Effort | Fringe Benefits | Salaries & Wages |
| | | | | | | |
| | | | | | | |

**TOTAL OTHER EXPENSES**

**Total Other Expenses**

**TOTAL OTHER S & E**

**TOTAL SUBCONTRACTS**

**TOTAL DIRECT COSTS**

**F&A (Indirect) Costs**

**ON-CAMPUS**

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

**TOTAL COST TO SPONSOR**

---

**TOTAL PERSONNEL** $17,023.00

**Total Fringe Benefits** $17,923.00

**TOTAL WAGES & FRINGE BENEFITS** $90,332.00

**Total Other Expenses** $14,846.00

**Total Other S & E** $16,808.00

**Total Subcontracts** $152,903.00

**Total Direct Costs**

**F&A (Indirect) Costs**

**ON-CAMPUS**

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

**Total Cost to Sponsor** $55,644.00

---

Page 1 of 2

2/22/2005

000633
### Calculation Methodology

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

<table>
<thead>
<tr>
<th></th>
<th>Value</th>
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<tbody>
<tr>
<td>Grad Fee Remissions</td>
<td>$12,836.00</td>
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<tr>
<td>Subcontracts without F &amp; A - Cmnl</td>
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<td><strong>Total exclusions from F&amp;A base</strong></td>
<td><strong>$165,739.00</strong></td>
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### F&A (Indirect) Cost Rates and Base

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Campus</th>
<th>Rate</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Dec 2007</td>
<td>30 Nov 2008</td>
<td>N</td>
<td>52.00</td>
<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>
<th>Indirect Cost</th>
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<tr>
<td>On</td>
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<td>$106,149</td>
<td>$56,756</td>
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<td>56,756</td>
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### Employee Benefit Rates and Base

<table>
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<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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<tr>
<td><strong>Graduate Staff</strong></td>
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</tr>
<tr>
<td>01 Dec 2007</td>
<td>30 Nov 2008</td>
<td>On</td>
<td>54.50</td>
<td>$1,463.00</td>
<td>$798.00</td>
</tr>
<tr>
<td><strong>Technical Assistant (70A)</strong></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>01 Dec 2007</td>
<td>30 Nov 2008</td>
<td>On</td>
<td>41.10</td>
<td>$14,588.00</td>
<td>$5,996.00</td>
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<tr>
<td><strong>Tenure/tenure track Faculty</strong></td>
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<tr>
<td>01 Dec 2007</td>
<td>30 Nov 2008</td>
<td>On</td>
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<td>$32,162.00</td>
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<td><strong>$17,923.00</strong></td>
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</table>
# Coeus Proposal Development - Budget Summary

**Proposal Number:**

**Period 4**

**Proposal Project**

**Title:**

## Personnel

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<th>Start Date</th>
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<th>Percentage Effort</th>
<th>Fringe Benefits</th>
<th>Salaries &amp; Wages</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/01/08</td>
<td>11/30/09</td>
<td>34.30%</td>
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<td>$27,177.00</td>
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<tr>
<td>12/01/08</td>
<td>11/30/09</td>
<td>54.50%</td>
<td>5.00</td>
<td>$821.00</td>
<td>$1,508.00</td>
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<tr>
<td>12/01/08</td>
<td>11/30/09</td>
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<td>$133.00</td>
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<tr>
<td>12/01/08</td>
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<td>21.10%</td>
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<td>$6,236.00</td>
<td>$15,172.00</td>
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**TOTAL PERSONNEL**

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<tr>
<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>
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<td></td>
<td></td>
<td>$25,913.00</td>
<td>$99,962.00</td>
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**Other Expenses**

- Grad Fee Remissions
- Graduate Student Insurance

**TOTAL OTHER EXPENSES**

<table>
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<tr>
<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>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>$13,698.00</td>
<td>$2,190.00</td>
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**Total Subcontracts**

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<th>End Date</th>
<th>EB Rate</th>
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<th>Fringe Benefits</th>
<th>Salaries &amp; Wages</th>
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<td></td>
<td>$99,629.00</td>
<td>$295,724.00</td>
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**F&A (Indirect) Costs**

- ON-CAMPUS
  - Total F&A (Indirect) Costs

**Total Cost to Sponsor**

<table>
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<tr>
<th>Start Date</th>
<th>End Date</th>
<th>EB Rate</th>
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<th>Fringe Benefits</th>
<th>Salaries &amp; Wages</th>
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</thead>
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<td>$35,851.00</td>
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Page 1 of 2

2/22/2005
Coeus Proposal Development - Budget Summary

Proposal Number: Program Project
Title:

Period 4 01 Dec 2008 - 30 Nov 2009

Calculation Methodology

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

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<tr>
<th>Grad Fee Remissions</th>
<th>$13,696.00</th>
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<td>Subcontracts without F &amp; A - Cndl</td>
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<tr>
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F&A (Indirect) Cost Rates and Base

<table>
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<th>End Date</th>
<th>Campus</th>
<th>Rate</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Dec 2008</td>
<td>30 Nov 2009</td>
<td>N</td>
<td>52.00</td>
<td>MTDC</td>
</tr>
</tbody>
</table>

<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>$146,400</td>
<td>$76,127</td>
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<table>
<thead>
<tr>
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<th>Type</th>
<th>Base</th>
<th>Calculated Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>On</td>
<td>MTDC</td>
<td>$146,400</td>
<td>$76,127</td>
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Employee Benefit Rates and Base

<table>
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<th>Start Date</th>
<th>End Date</th>
<th>Campus</th>
<th>Rate</th>
<th>Base</th>
<th>Calculated Cost</th>
</tr>
</thead>
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<tr>
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<td>01 Dec 2008</td>
<td>30 Nov 2009</td>
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<td>$33,230.00</td>
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<td>30 Nov 2009</td>
<td>On</td>
<td>41.10</td>
<td>$22,875.00</td>
</tr>
<tr>
<td>Service</td>
<td>01 Dec 2008</td>
<td>30 Nov 2009</td>
<td>On</td>
<td>54.50</td>
<td>$1,508.00</td>
</tr>
<tr>
<td>Technical Assistant (70A)</td>
<td>01 Dec 2008</td>
<td>30 Nov 2009</td>
<td>On</td>
<td>41.10</td>
<td>$15,172.00</td>
</tr>
<tr>
<td>Tenuretrack Faculty</td>
<td>01 Dec 2008</td>
<td>30 Nov 2009</td>
<td>On</td>
<td>34.30</td>
<td>$27,177.00</td>
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<td></td>
<td></td>
<td>$25,913.00</td>
</tr>
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## Coeus Proposal Development - Budget Summary

**Proposal Number:**

**Period 5** 01 Dec 2009 - 30 Nov 2010

**Proposal** Program Project

**Title:**

### Personnel

<table>
<thead>
<tr>
<th></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>Tenure/Tenure Track Faculty</td>
<td>12/01/09</td>
<td>11/30/10</td>
<td>34.30%</td>
<td>20.00</td>
<td>$0,768.00</td>
<td>$28,535.00</td>
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<td>Service</td>
<td>12/01/09</td>
<td>11/30/10</td>
<td>54.50%</td>
<td>5.00</td>
<td>$847.00</td>
<td>$1,553.00</td>
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<td>TBA, Graduate Staff (B230), 10, Graduate Staff</td>
<td>12/01/09</td>
<td>11/30/10</td>
<td>0.40%</td>
<td>100.00</td>
<td>$137.00</td>
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<td>TBA, Operations Assistant (B214) Operations Assistant (40A)</td>
<td>12/01/09</td>
<td>11/30/10</td>
<td>41.10%</td>
<td>50.00</td>
<td>$6,518.00</td>
<td>$15,860.00</td>
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<td>12/01/09</td>
<td>11/30/10</td>
<td>41.10%</td>
<td>50.00</td>
<td>$6,485.00</td>
<td>$15,778.00</td>
</tr>
</tbody>
</table>

**TOTAL WAGES**  

TOTAL Wages: $23,775.00  

**Fringe Benefits:**  

Total Fringe Benefits:  

**TOTAL WAGES & FRINGE BENEFITS**  

TOTAL Other Expenses:  

### Other Expenses

- Grad Fee Remissions: $14,614.00
- Graduate Student Insurance: $2,388.00

**TOTAL OTHER EXPENSES:** $17,002.00

### Other S & E

- Animal Purchases: $5,120.00
- Other - Included in Base - Rat Feed: $6,000.00
- Other S & E: $10,298.00

**TOTAL OTHER S & E:** $21,418.00

### Subcontracts

- Subcontracts without F & A - Cinci: $102,615.00

**TOTAL SUBCONTRACTS:** $102,615.00

### Total Direct Costs

**F&A (Indirect) Costs**

- On-Campus: $74,639.00

**TOTAL F&A (Indirect) Costs:** $74,639.00

**Total Cost to Sponsor:** $335,404.00
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>Grad Fee Remissions</td>
<td>$14,614.00</td>
</tr>
<tr>
<td>Subcontracts without F &amp; A - Cinci</td>
<td>$122,015.00</td>
</tr>
<tr>
<td>Total exclusions from F&amp;A base</td>
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F&A (Indirect) Cost Rates and Base

<table>
<thead>
<tr>
<th>Start Date</th>
<th>End Date</th>
<th>Campus</th>
<th>Rate</th>
<th>Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 Dec 2009</td>
<td>30 Nov 2010</td>
<td>N</td>
<td>52.00</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>$143,536</td>
<td>$74,639</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>Graduate Staff</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>01 Dec 2009</td>
<td>30 Nov 2010</td>
<td>On</td>
<td>0.40</td>
<td>$34,227.00</td>
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<tr>
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<tr>
<td>01 Dec 2009</td>
<td>30 Nov 2010</td>
<td>On</td>
<td>41.10</td>
<td>$15,860.00</td>
<td>$6,516.00</td>
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<tr>
<td>Service</td>
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<tr>
<td>01 Dec 2009</td>
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<td>On</td>
<td>54.50</td>
<td>$1,553.00</td>
<td>$847.00</td>
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<tr>
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<td>30 Nov 2010</td>
<td>On</td>
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<td>30 Nov 2010</td>
<td>On</td>
<td>34.30</td>
<td>$28,530.00</td>
<td>$9,788.00</td>
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</table>

Total | | | | | $23,775.00 |
Coeus Proposal Development - Cumulative Budget Summary

Proposal Number:  
Project: 12/01/2005 - 11/30/2010  
Proposal: Program Project

Title:

<table>
<thead>
<tr>
<th>Personal</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>Tenure/Tenure Track Faculty</td>
<td>12/01/05</td>
<td>11/30/10</td>
<td>34.30%</td>
<td>$44,495</td>
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<tr>
<td>Tenure/Tenure Track Faculty Service</td>
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<td>11/30/10</td>
<td>54.50%</td>
<td>$5,518</td>
<td>$10,126</td>
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<tr>
<td>Tenure/Tenure Track Faculty Graduate Staff</td>
<td>12/01/05</td>
<td>11/30/08</td>
<td>34.30%</td>
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<td>$17,954</td>
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<tr>
<td>TBA, Operations Assistant (8214), 3</td>
<td>12/01/05</td>
<td>11/30/10</td>
<td>0.40%</td>
<td>$553</td>
<td>$137,951</td>
</tr>
<tr>
<td>TBA, Technical Assistant (8217), 3</td>
<td>12/01/08</td>
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<td>41.10%</td>
<td>$15,919</td>
<td>$38,735</td>
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<tr>
<td>TBA, Technical Assistant (70A)</td>
<td>12/01/05</td>
<td>11/30/10</td>
<td>41.10%</td>
<td>$32,797</td>
<td>$79,795</td>
</tr>
</tbody>
</table>

Total Personnel: $105,440 $414,284

Fringe Benefits:

TOTAL WAGES & FRINGE BENEFITS

Other Expenses
Grad Fee Remissions On Campus | 64,342
Graduate Student Insurance On Campus | 10,124

Total Other Expenses: $74,466

Other S & E
Animal Purchases On Campus | 25,600
Other - Included in Base - Rat Feed On Campus | 30,000
Other S & E On Campus | 39,964

Total Other S & E: $95,564

Subcontracts
Subcontracts <= $25,000 - Cinci On Campus | 25,000
Subcontracts <= $25,000 - W&L On Campus | 25,000
Subcontracts without F & A - Cinci On Campus | 459,055
Subcontracts without F & A - W&L On Campus | 143,375

Total Subcontracts: $652,430

Total Direct Costs: $1,342,185

F&A (Indirect) Costs
ON-CAMPUS

Total F&A (Indirect) Costs: $351,212

Total Cost to Sponsor: $1,693,397
### 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>
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<tbody>
<tr>
<td>Grad Fee Remissions</td>
<td>$64,342</td>
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<tr>
<td>Subcontracts without F &amp; A - Cinci</td>
<td>$459,055</td>
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<tr>
<td>Subcontracts without F &amp; A - W&amp;L</td>
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<tr>
<td><strong>Total exclusions from F&amp;A base</strong></td>
<td>$668,772</td>
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#### F&A (Indirect) Cost Rates and Base

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

<table>
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<tr>
<th>Campus</th>
<th>Type</th>
<th>Base</th>
<th>Indirect Cost</th>
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<tbody>
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<td>On</td>
<td>MTDC</td>
<td>$675,413</td>
<td>$351,212</td>
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<tr>
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#### Employee Benefit Rates and Base

<table>
<thead>
<tr>
<th>Start Date</th>
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<tr>
<td>01 Dec 2005</td>
<td>30 Nov 2010</td>
<td>On</td>
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<td>30 Nov 2010</td>
<td>On</td>
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<td>30 Nov 2010</td>
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<tr>
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