















SF 424 (R&R)

| | | |
|---|--|--|
| 2. DATE SUBMITTED | | Applicant Identifier |
| 3. DATE RECEIVED BY STATE | | State Application Identifier |
| 1. * TYPE OF SUBMISSION | | |
| <input type="radio"/> Pre-application <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application | | |
| 4. Federal Identifier | | |
| 5. APPLICANT INFORMATION | | * Organizational DUNS:071650709 |
| * Legal Name: The Ohio State University Research Foundation  Department: _____ Division: _____ * Street1: 1960 Kenny Road Street2: _____ * City: Columbus County: Franklin * State: OH: Ohio Province: _____ * Country: USA: UNITED STATES * ZIP / Postal Code: 43210 | | |
| Person to be contacted on matters involving this application Prefix: _____ * First Name: _____  Middle Name: _____ * Last Name: _____ Suffix: _____ * Phone Number: _____ Fax: _____  Autofill contact information for your Sponsored Program Officer. | | |
| 6. * EMPLOYER IDENTIFICATION NUMBER (EIN) or (TIN): | | 7. * TYPE OF APPLICANT |
| 1316401599A1  | | H: Public/State Controlled Institution of Higher Education  |
| 8. * TYPE OF APPLICATION: | | Other (Specify): |
| <input checked="" type="radio"/> New <input type="radio"/> Resubmission <input type="radio"/> Renewal <input type="radio"/> Continuation <input type="radio"/> Revision | | Small Business Organization Type |
| If Revision, mark appropriate box(es). <input type="radio"/> A. Increase Award <input type="radio"/> B. Decrease Award <input type="radio"/> C. Increase Duration <input type="radio"/> D. Decrease Duration <input type="radio"/> E. Other (specify): _____ | | <input type="radio"/> Women Owned <input type="radio"/> Socially and Economically Disadvantaged |
| * Is this application being submitted to other agencies? <input type="radio"/> Yes <input checked="" type="radio"/> No What other Agencies? _____ | | 9. * NAME OF FEDERAL AGENCY: |
| | | CSREES |
| | | 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: |
| | | 10.200  TITLE: S2S |
| 11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: | | |
| Official Project Title  Some FOAs provide guidance as to what to record in box 11. | | |
| 12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) | | |
|  Be sure to complete this section.  Record box 14b manually | | |
| 13. PROPOSED PROJECT: | | 14. CONGRESSIONAL DISTRICTS OF: |
| * Start Date  07/01/2008 | * Ending Date  06/30/2011 | a. * Applicant  OH-015 |
| | | b. * Project  OH-015 |
| 15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION | | |
| Prefix: _____ * First Name: _____ Middle Name: _____  * Last Name: _____ Suffix: _____ Investigator G. Any Position/Title: Associate Professor * Organization Name: The Ohio State University Research Foundation Department: Emergency Medicine Division: College of Medicine * Street1: 146 Means Hall Street2: 1654 Upham Drive * City: Columbus County: Franklin * State: OH: Ohio Province: _____ * Country: USA: UNITED STATES * ZIP / Postal Code: 43210 * Phone Number: 614-293-8305 Fax Number: 614-293-8898 * Email: any.16@osu.edu | | |

Key



Autofill



Defaults

| | |
|---|---|
| <p>16. ESTIMATED PROJECT FUNDING</p> <p>a. Total Estimated Project Funding \$1,060,969.00</p> <p>b. * Total Federal & Non-Federal Funds \$1,060,969.00</p> <p>c. * Estimated Program Income \$0.00</p> | <p>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</p> <p>a. YES <input type="radio"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:</p> <p>DATE:</p> <p>b. NO <input checked="" type="radio"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="radio"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p> |
|---|---|

18. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

* I agree Leave box 18 blank, your SPO will complete this section after they have reviewed the completed proposal.

* The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

19. Authorized Representative

| | | | | |
|--|--|---------------------------------|---------------------------|---------|
| Prefix: | * First Name: | Middle Name: | * Last Name: Nielsen-Link | Suffix: |
| Aimee | | | | |
| * Position/Title: Senior Sponsored Program Officer | * Organization Name: The Ohio State University Research Foundation | | | |
| Department: | Division: Health Sciences Office | | | |
| * Street1: B030 Graves Hall | Street2: 333 W. 10th Ave | | | |
| * City: Columbus | County: Franklin | * State: OH: Ohio | | |
| Province: | * Country: USA: UNITED STATES | * ZIP / Postal Code: 43210 | | |
| * Phone Number: 614-292-3143 | Fax Number: 614-292-9779 | * Email: nielsen-link.1@osu.edu | | |
| * Signature of Authorized Representative | | * Date Signed | | |
| Aimee Nielsen-Link | | _____ | | |

20. Pre-application File Name: Mime Type:

21. Attach an additional list of Project Congressional Districts if needed.

File Name: Mime Type:

RESEARCH & RELATED Other Project Information

| |
|--|
| 1. * Are Human Subjects Involved? <input type="radio"/> Yes <input checked="" type="radio"/> No 1.a. If YES to Human Subjects Is the IRB review Pending? <input type="radio"/> Yes <input type="radio"/> No IRB Approval Date: Exemption Number: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 Human Subject Assurance Number |
| 2. * Are Vertebrate Animals Used? <input type="radio"/> Yes <input checked="" type="radio"/> No 2.a. If YES to Vertebrate Animals Is the IACUC review Pending? <input type="radio"/> Yes <input type="radio"/> No IACUC Approval Date: Animal Welfare Assurance Number |
| 3. * Is proprietary/privileged information <input type="radio"/> Yes <input checked="" type="radio"/> No included in the application? |
| 4.a. * Does this project have an actual or potential impact on <input type="radio"/> Yes <input checked="" type="radio"/> No the environment? 4.b. If yes, please explain: 4.c. If this project has an actual or potential impact on the environment, has an exemption been authorized or an environmental assessment (EA) or environmental impact statement (EIS) been performed? <input type="radio"/> Yes <input type="radio"/> No 4.d. If yes, please explain: |
| 5.a. * Does this project involve activities outside the U.S. or <input type="radio"/> Yes <input checked="" type="radio"/> No partnership with International Collaborators? 5.b. If yes, identify countries: 5.c. Optional Explanation: <div style="border: 1px solid black; padding: 2px; display: inline-block;">Review FOA guidelines for instructions on completing the Project Narrative.</div> |
| 6. * Project Summary/Abstract |
| 7. * Project Narrative |
| 8. Bibliography & References Cited |
| 9. Facilities & Other Resources <div style="border: 1px solid black; padding: 2px; display: inline-block;">Bibliography may be separately attached.</div> |
| 10. Equipment |

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

| PROFILE - Project Director/Principal Investigator | | | | |
|--|------------------------------|-----------------------------------|------------------------------|--------|
| Prefix | * First Name Investigator | Middle Name G. | * Last Name Any | Suffix |
| Position/Title: Associate Professor | | Department: Emergency Medicine | | |
| Organization Name: The Ohio State University Research Foundation | | Division: College of Medicine | | |
| * Street1: 146 Means Hall | | Street2: 1654 Upham Drive | | |
| * City: Columbus | County: Franklin | * State: OH: Ohio | Province: | |
| * Country: USA: UNITED STATES | * Zip / Postal Code: 43210 | | | |
| *Phone Number 614-293-8305 | | Fax Number 614-293-8898 | * E-Mail any.16@osu.edu | |
| Credential, e.g., agency login: | | | | |
| * Project Role: PD/PI | | Other Project Role Category: | | |
| *Attach Biographical Sketch Attach Current & Pending Support | | File Name AGI_v11001785939.pdf | Mime Type application/pdf | |

| PROFILE - Senior/Key Person | | | | |
|---|-----------------------------|---|-------------------------------|--------|
| Prefix | * First Name Subcontract | Middle Name | * Last Name Investigator | Suffix |
| Position/Title: Associate Professor | | Department: | | |
| Organization Name: Columbus Childrens Research Institute | | Division: | | |
| * Street1: 500 Children's Place | | Street2: | | |
| * City: Columbus | County: | * State: OH: Ohio | Province: | |
| * Country: USA: UNITED STATES | * Zip / Postal Code: 43205 | | | |
| *Phone Number 614-292-1111 | | Fax Number 614-292-1234 | * E-Mail sub@childrens.edu | |
| Credential, e.g., agency login: | | | | |
| * Project Role: Co-PD/PI | | Other Project Role Category: | | |
| *Attach Biographical Sketch Attach Current & Pending Support | | File Name KeyPersonBioSketch1001785941.pdf | Mime Type application/pdf | |

| PROFILE - Senior/Key Person | | | | |
|--|-------------------------|-------------------------------|-----------------------------|--------|
| Prefix | * First Name Another | Middle Name | * Last Name Investigator | Suffix |
| Position/Title: Professor | | Department: Internal Medicine | | |
| Organization Name: The Ohio State University Research Foundation | | Division: | | |
| * Street1: 410 W. 12th Ave | | Street2: | | |
| * City: Columbus | County: | * State: OH: Ohio | Province: | |

| | | | |
|---|--------------------------------------|------------------------------------|--|
| * Country: USA: UNITED STATES | | * Zip / Postal Code: 43210 | |
| *Phone Number 614-292-4321 | Fax Number 614-292-1234 | * E-Mail another@medctr.osu.edu | |
| Credential, e.g., agency login: | | | |
| * Project Role: Co-PD/PI | | Other Project Role Category: | |
| *Attach Biographical Sketch Attach Current & Pending Support | File Name biosketch1001785940.pdf | Mime Type application/pdf | |

We have created a non-employee ("AAANYONE") profile to be used when adding Senior/Key Person who are not affiliated with The Ohio State University. Click on "A" to search alphabetically for the non-employee profile- "AAANYONE." Be sure to update Senior/Key person data.

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

Additional Senior/Key Person Form Attachments

When submitting senior/key persons in excess of 8 individuals, please attach additional senior/key person forms here. Each additional form attached here, will provide you with the ability to identify another 8 individuals, up to a maximum of 4 attachments (32 people).

The means to obtain a supplementary form is provided here on this form, by the button below. In order to extract, fill, and attach each additional form, simply follow these steps:

- Select the "Select to Extract the R&R Additional Senior/Key Person Form" button, which appears below.
- Save the file using a descriptive name, that will help you remember the content of the supplemental form that you are creating. When assigning a name to the file, please remember to give it the extension ".xfd" (for example, "My_Senior_Key.xfd"). If you do not name your file with the ".xfd" extension you will be unable to open it later, using your PureEdge viewer software.
- Using the "Open Form" tool on your PureEdge viewer, open the new form that you have just saved.
- Enter your additional Senior/Key Person information in this supplemental form. It is essentially the same as the Senior/Key person form that you see in the main body of your application.
- When you have completed entering information in the supplemental form, save it and close it.
- Return to this "Additional Senior/Key Person Form Attachments" page.
- Attach the saved supplemental form, that you just filled in, to one of the blocks provided on this "attachments" form.

Important: Please attach additional Senior/Key Person forms, using the blocks below. Please remember that the files you attach must be Senior/Key Person Pure Edge forms, which were previously extracted using the process outlined above. Attaching any other type of file may result in the inability to submit your application to Grants.gov.

- 1) Please attach Attachment 1
- 2) Please attach Attachment 2
- 3) Please attach Attachment 3
- 4) Please attach Attachment 4

| | |
|--|-----------------|
| ADDITIONAL SENIOR/KEY PERSON PROFILE(S) | Filename |
| | MimeType |

| | |
|---|-----------------|
| Additional Biographical Sketch(es) (Senior/Key Person) | Filename |
| | MimeType |

| | |
|--|-----------------|
| Additional Current and Pending Support(s) | Filename |
| | MimeType |

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 1

* ORGANIZATIONAL DUNS: 071650709

* **Budget Type:** Project Subaward/Consortium

Enter name of Organization: The Ohio State University Research Foundation

* **Start Date:** 07-01-2008

* **End Date:** 06-30-2009

Budget Period: 1

| A. Senior/Key Person | | | | | | | | | | | | |
|--|--------------|-------------|--------------|------------|----------------|------------------|-------------|--------------|-------------|-------------------------|------------------------|--------------------------------|
| Prefix | * First Name | Middle Name | * Last Name | Suffix | * Project Role | Base Salary (\$) | Cal. Months | Acad. Months | Sum. Months | * Requested Salary (\$) | * Fringe Benefits (\$) | * Funds Requested (\$) |
| 1. | Investigator | G. | Any | | PD/PI | 100,000.00 | | 2 | 1 | 25,000.00 | 2,500.00 | 27,500.00 |
| 2. | Another | | Investigator | | Co-PI | 100,000.00 | 3 | | | 25,000.00 | 2,500.00 | 27,500.00 |
| Total Funds Requested for all Senior Key Persons in the attached file | | | | | | | | | | | | |
| Additional Senior Key Persons: | | | | | | | | | | | | Total Senior/Key Person |
| File Name: | | | | Mime Type: | | | | | | | | 55,000.00 |

| B. Other Personnel | | | | | | | | | | | |
|---------------------------|-------------------------------------|--|----------------|-------------|--------------|-------------|-------------------------|-------------------|------------------------|--|-------------------|
| * Number of Personnel | | | * Project Role | Cal. Months | Acad. Months | Sum. Months | * Requested Salary (\$) | * Fringe Benefits | * Funds Requested (\$) | | |
| 1 | Post Doctoral Associates | | | 12 | | | 30,000.00 | 3,000.00 | 33,000.00 | | |
| 1 | Graduate Students | | | 6 | | | 15,000.00 | 1,500.00 | 16,500.00 | | |
| | Undergraduate Students | | | | | | | | | | |
| | Secretarial/Clerical | | | | | | | | | | |
| 2 | Total Number Other Personnel | | | | | | | | 49,500.00 | | |
| | | | | | | | | | | Total Salary, Wages and Fringe Benefits (A+B) | 104,500.00 |

RESEARCH & RELATED Budget {A-B} (Funds Requested)

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

* ORGANIZATIONAL DUNS: 071650709

* **Budget Type:** Project Subaward/Consortium

Enter name of Organization: The Ohio State University Research Foundation

* **Start Date:** 07-01-2008

* **End Date:** 06-30-2009

Budget Period: 1

| C. Equipment Description | | |
|--|------------------------|-------------------------------|
| List items and dollar amount for each item exceeding \$5,000 | | |
| | Equipment Item | * Funds Requested (\$) |
| 1. | Equipment Item #1 | 5,000.00 |
| Total funds requested for all equipment listed in the attached file | | |
| | Total Equipment | 5,000.00 |
| Additional Equipment: | File Name: | Mime Type: |

| D. Travel | Funds Requested (\$) |
|--|-----------------------------|
| 1. Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions) | 1,500.00 |
| 2. Foreign Travel Costs | |
| | Total Travel Cost |
| | 1,500.00 |

| E. Participant/Trainee Support Costs | Funds Requested (\$) |
|---|--|
| 1. Tuition/Fees/Health Insurance | |
| 2. Stipends | |
| 3. Travel | |
| 4. Subsistence | |
| 5. Other: | |
| Number of Participants/Trainees | Total Participant/Trainee Support Costs |

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

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

* ORGANIZATIONAL DUNS: 071650709

* **Budget Type:** Project Subaward/Consortium

Enter name of Organization: The Ohio State University Research Foundation

* **Start Date:** 07-01-2008

* **End Date:** 06-30-2009

Budget Period: 1

| F. Other Direct Costs | Funds Requested (\$) |
|---|-----------------------------|
| 1. Materials and Supplies | 50,000.00 |
| 2. Publication Costs | |
| 3. Consultant Services | |
| 4. ADP/Computer Services | |
| 5. Subawards/Consortium/Contractual Costs | 90,625.00 |
| 6. Equipment or Facility Rental/User Fees | |
| 7. Alterations and Renovations | |
| 8. Tuition for one GRA | 13,600.00 |
| Total Other Direct Costs | 154,225.00 |

| G. Direct Costs | Funds Requested (\$) |
|--------------------------------------|-----------------------------|
| Total Direct Costs (A thru F) | 265,225.00 |

| H. Indirect Costs | | | |
|---|------------------------|------------------------------------|------------------------|
| Indirect Cost Type | Indirect Cost Rate (%) | Indirect Cost Base (\$) | * Funds Requested (\$) |
| 1. On Campus Organized Research | 50 | 181,000.00 | 90,500.00 |
| Total Indirect Costs | | | 90,500.00 |
| Cognizant Federal Agency | | DHHS, Wanda Rayfield, 214-767-5249 | |
| (Agency Name, POC Name, and POC Phone Number) | | | |

| I. Total Direct and Indirect Costs | Funds Requested (\$) |
|--|-----------------------------|
| Total Direct and Indirect Institutional Costs (G + H) | 355,725.00 |

| J. Fee | Funds Requested (\$) |
|---------------|-----------------------------|
| | |

| K. * Budget Justification | File Name: | Mime Type: |
|----------------------------------|-------------------------|------------|
| | (Only attach one file.) | |

RESEARCH & RELATED Budget {F-K} (Funds Requested)

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

* ORGANIZATIONAL DUNS: 071650709

* Budget Type: Project Subaward/Consortium

Enter name of Organization: The Ohio State University Research Foundation

* Start Date: 07-01-2009

* End Date: 06-30-2010

Budget Period: 2

| A. Senior/Key Person | | | | | | | | | | | | |
|--|--------------|-------------|-------------|--------|----------------|------------------|-------------|--------------|-------------|--------------------------------|------------------------|------------------------|
| Prefix | * First Name | Middle Name | * Last Name | Suffix | * Project Role | Base Salary (\$) | Cal. Months | Acad. Months | Sum. Months | * Requested Salary (\$) | * Fringe Benefits (\$) | * Funds Requested (\$) |
| 1. | Investigator | G. | Any | | PD/PI | 103,000.00 | | 2 | 1 | 25,750.00 | 2,575.00 | 28,325.00 |
| 2. | NON-OSU | | AAANYONE | | Co-PI | 103,000.00 | 3 | | | 25,750.00 | 2,575.00 | 28,325.00 |
| Total Funds Requested for all Senior Key Persons in the attached file | | | | | | | | | | | | |
| Additional Senior Key Persons: | | | | | | | | | | Total Senior/Key Person | | 56,650.00 |

| B. Other Personnel | | | | | | | | | | | | | |
|---------------------------|-------------------------------------|--|----------------|--|--|-------------|--------------|-------------|------------------------------|-------------------|--|--|-------------------|
| * Number of Personnel | | | * Project Role | | | Cal. Months | Acad. Months | Sum. Months | * Requested Salary (\$) | * Fringe Benefits | * Funds Requested (\$) | | |
| 1 | Post Doctoral Associates | | | | | 12 | | | 30,900.00 | 3,090.00 | 33,990.00 | | |
| 1 | Graduate Students | | | | | 6 | | | 15,450.00 | 1,545.00 | 16,995.00 | | |
| | Undergraduate Students | | | | | | | | | | | | |
| | Secretarial/Clerical | | | | | | | | | | | | |
| 2 | Total Number Other Personnel | | | | | | | | Total Other Personnel | | 50,985.00 | | |
| | | | | | | | | | | | Total Salary, Wages and Fringe Benefits (A+B) | | 107,635.00 |

RESEARCH & RELATED Budget {A-B} (Funds Requested)

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

* ORGANIZATIONAL DUNS: 071650709

* **Budget Type:** Project Subaward/Consortium

Enter name of Organization: The Ohio State University Research Foundation

* **Start Date:** 07-01-2009

* **End Date:** 06-30-2010

Budget Period: 2

| | | |
|---|------------------------|------------------------|
| C. Equipment Description | | |
| List items and dollar amount for each item exceeding \$5,000 | | |
| Equipment Item | | * Funds Requested (\$) |
| Total funds requested for all equipment listed in the attached file | | |
| | Total Equipment | |
| Additional Equipment: | File Name: | Mime Type: |

| | |
|--|-----------------------------|
| D. Travel | Funds Requested (\$) |
| 1. Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions) | 1,500.00 |
| 2. Foreign Travel Costs | |
| Total Travel Cost | 1,500.00 |

| | |
|---|--|
| E. Participant/Trainee Support Costs | Funds Requested (\$) |
| 1. Tuition/Fees/Health Insurance | |
| 2. Stipends | |
| 3. Travel | |
| 4. Subsistence | |
| 5. Other: | |
| Number of Participants/Trainees | Total Participant/Trainee Support Costs |

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

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

* ORGANIZATIONAL DUNS: 071650709

* **Budget Type:** Project Subaward/Consortium

Enter name of Organization: The Ohio State University Research Foundation

* **Start Date:** 07-01-2009 * **End Date:** 06-30-2010 **Budget Period:** 2

| F. Other Direct Costs | Funds Requested (\$) |
|---|-----------------------------|
| 1. Materials and Supplies | 51,500.00 |
| 2. Publication Costs | |
| 3. Consultant Services | |
| 4. ADP/Computer Services | |
| 5. Subawards/Consortium/Contractual Costs | 92,351.00 |
| 6. Equipment or Facility Rental/User Fees | |
| 7. Alterations and Renovations | |
| 8. Tuition for one GRA | 14,416.00 |
| Total Other Direct Costs | 158,267.00 |

| G. Direct Costs | Funds Requested (\$) |
|--------------------------------------|-----------------------------|
| Total Direct Costs (A thru F) | 267,402.00 |

| H. Indirect Costs | | | |
|--|------------------------|------------------------------------|------------------------|
| Indirect Cost Type | Indirect Cost Rate (%) | Indirect Cost Base (\$) | * Funds Requested (\$) |
| 1. On Campus Organized Research | 50 | 160,635.00 | 80,318.00 |
| Total Indirect Costs | | | 80,318.00 |
| Cognizant Federal Agency | | DHHS, Wanda Rayfield, 214-767-5249 | |
| <small>(Agency Name, POC Name, and POC Phone Number)</small> | | | |

| I. Total Direct and Indirect Costs | Funds Requested (\$) |
|--|-----------------------------|
| Total Direct and Indirect Institutional Costs (G + H) | 347,720.00 |

| J. Fee | Funds Requested (\$) |
|---------------|-----------------------------|
| | |

| K. * Budget Justification | File Name: | Mime Type: |
|----------------------------------|-------------------------|------------|
| | (Only attach one file.) | |

RESEARCH & RELATED Budget {F-K} (Funds Requested)

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

* ORGANIZATIONAL DUNS: 071650709

* Budget Type: Project Subaward/Consortium

Enter name of Organization: The Ohio State University Research Foundation

* Start Date: 07-01-2010

* End Date: 06-30-2011

Budget Period: 3

| A. Senior/Key Person | | | | | | | | | | | | |
|--|--------------|-------------|-------------|------------|----------------|------------------|-------------|--------------|-------------|-------------------------|--------------------------------|------------------------|
| Prefix | * First Name | Middle Name | * Last Name | Suffix | * Project Role | Base Salary (\$) | Cal. Months | Acad. Months | Sum. Months | * Requested Salary (\$) | * Fringe Benefits (\$) | * Funds Requested (\$) |
| 1. | Investigator | G. | Any | | PD/PI | 106,091.00 | | 2 | 1 | 26,523.00 | 2,652.00 | 29,175.00 |
| 2. | NON-OSU | | AAANYONE | | Co-PI | 106,090.00 | 3 | | | 26,523.00 | 2,652.00 | 29,175.00 |
| Total Funds Requested for all Senior Key Persons in the attached file | | | | | | | | | | | | |
| Additional Senior Key Persons: | | File Name: | | Mime Type: | | | | | | | Total Senior/Key Person | 58,350.00 |

| B. Other Personnel | | | | | | | | | | | | |
|---------------------------|-------------------------------------|--|----------------|--|--|-------------|--------------|-------------|-------------------------|------------------------------|--|-------------------|
| * Number of Personnel | | | * Project Role | | | Cal. Months | Acad. Months | Sum. Months | * Requested Salary (\$) | * Fringe Benefits | * Funds Requested (\$) | |
| 1 | Post Doctoral Associates | | | | | 12 | | | 31,827.00 | 3,183.00 | 35,010.00 | |
| 1 | Graduate Students | | | | | 6 | | | 15,914.00 | 1,591.00 | 17,505.00 | |
| | Undergraduate Students | | | | | | | | | | | |
| | Secretarial/Clerical | | | | | | | | | | | |
| 2 | Total Number Other Personnel | | | | | | | | | Total Other Personnel | 52,515.00 | |
| | | | | | | | | | | | Total Salary, Wages and Fringe Benefits (A+B) | 110,865.00 |

RESEARCH & RELATED Budget {A-B} (Funds Requested)

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

* ORGANIZATIONAL DUNS: 071650709

* **Budget Type:** Project Subaward/Consortium

Enter name of Organization: The Ohio State University Research Foundation

* **Start Date:** 07-01-2010

* **End Date:** 06-30-2011

Budget Period: 3

| | | |
|---|------------------------|------------------------|
| C. Equipment Description | | |
| List items and dollar amount for each item exceeding \$5,000 | | |
| Equipment Item | | * Funds Requested (\$) |
| Total funds requested for all equipment listed in the attached file | | |
| | Total Equipment | |
| Additional Equipment: | File Name: | Mime Type: |

| | |
|--|-----------------------------|
| D. Travel | Funds Requested (\$) |
| 1. Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions) | 1,500.00 |
| 2. Foreign Travel Costs | |
| Total Travel Cost | 1,500.00 |

| | |
|---|--|
| E. Participant/Trainee Support Costs | Funds Requested (\$) |
| 1. Tuition/Fees/Health Insurance | |
| 2. Stipends | |
| 3. Travel | |
| 4. Subsistence | |
| 5. Other: | |
| Number of Participants/Trainees | Total Participant/Trainee Support Costs |

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

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

* ORGANIZATIONAL DUNS: 071650709

* **Budget Type:** Project Subaward/Consortium

Enter name of Organization: The Ohio State University Research Foundation

* **Start Date:** 07-01-2010 * **End Date:** 06-30-2011 **Budget Period:** 3

| F. Other Direct Costs | Funds Requested (\$) |
|---|----------------------|
| 1. Materials and Supplies | 53,045.00 |
| 2. Publication Costs | |
| 3. Consultant Services | |
| 4. ADP/Computer Services | |
| 5. Subawards/Consortium/Contractual Costs | 94,128.00 |
| 6. Equipment or Facility Rental/User Fees | |
| 7. Alterations and Renovations | |
| 8. Tuition for one GRA | 15,281.00 |
| Total Other Direct Costs | 162,454.00 |

| G. Direct Costs | Funds Requested (\$) |
|--------------------------------------|----------------------|
| Total Direct Costs (A thru F) | 274,819.00 |

| H. Indirect Costs | | | |
|---|------------------------------------|-------------------------|------------------------|
| Indirect Cost Type | Indirect Cost Rate (%) | Indirect Cost Base (\$) | * Funds Requested (\$) |
| 1. On Campus Organized Research | 50 | 165,410.00 | 82,705.00 |
| Total Indirect Costs | | | 82,705.00 |
| Cognizant Federal Agency | DHHS, Wanda Rayfield, 214-767-5249 | | |
| (Agency Name, POC Name, and POC Phone Number) | | | |

| I. Total Direct and Indirect Costs | Funds Requested (\$) |
|--|----------------------|
| Total Direct and Indirect Institutional Costs (G + H) | 357,524.00 |

| J. Fee | Funds Requested (\$) |
|--------|----------------------|
| | |

| K. * Budget Justification | File Name: | Mime Type: |
|---------------------------|-------------------------|------------|
| | (Only attach one file.) | |

RESEARCH & RELATED Budget {F-K} (Funds Requested)

RESEARCH & RELATED BUDGET - Cumulative Budget

| | Totals (\$) | |
|---|-------------|---------------------|
| Section A, Senior/Key Person | | 170,000.00 |
| Section B, Other Personnel | | 153,000.00 |
| Total Number Other Personnel | 6 | |
| Total Salary, Wages and Fringe Benefits (A+B) | | 323,000.00 |
| Section C, Equipment | | 5,000.00 |
| Section D, Travel | | 4,500.00 |
| 1. Domestic | 4,500.00 | |
| 2. Foreign | | |
| Section E, Participant/Trainee Support Costs | | |
| 1. Tuition/Fees/Health Insurance | | |
| 2. Stipends | | |
| 3. Travel | | |
| 4. Subsistence | | |
| 5. Other | | |
| 6. Number of Participants/Trainees | | |
| Section F, Other Direct Costs | | 474,946.00 |
| 1. Materials and Supplies | 154,545.00 | |
| 2. Publication Costs | | |
| 3. Consultant Services | | |
| 4. ADP/Computer Services | | |
| 5. Subawards/Consortium/Contractual Costs | 277,104.00 | |
| 6. Equipment or Facility Rental/User Fees | | |
| 7. Alterations and Renovations | | |
| 8. Other 1 | 43,297.00 | |
| 9. Other 2 | | |
| 10. Other 3 | | |
| Section G, Direct Costs (A thru F) | | 807,446.00 |
| Section H, Indirect Costs | | 253,523.00 |
| Section I, Total Direct and Indirect Costs (G + H) | | 1,060,969.00 |
| Section J, Fee | | |



R&R SUBAWARD BUDGET ATTACHMENT(S) FORM

Subaward Name

- Subaward 1 ANL USDA Subaward
- Subaward 2
- Subaward 3
- Subaward 4
- Subaward 5
- Subaward 6
- Subaward 7
- Subaward 8
- Subaward 9
- Subaward 10

Subaward IDC Ceiling

25,000

| | | Period 1 | Period 2 | Period 3 | Period 4 | Period 5 | IDC Base Total |
|--------------------------------------|-----------------------|----------|----------|----------|----------|----------|----------------|
| Subaward 1 | Direct Costs | 72,500 | 73,881 | 75,302 | | | |
| | Indirect Costs | 18,125 | 18,470 | 18,826 | | | |
| | Allocated to IDC base | 25,000 | | | | | 25,000 |
| Subaward 2 | Direct Costs | | | | | | |
| | Indirect Costs | | | | | | |
| | Allocated to IDC base | | | | | | |
| Subaward 3 | Direct Costs | | | | | | |
| | Indirect Costs | | | | | | |
| | Allocated to IDC base | | | | | | |
| Subaward 4 | Direct Costs | | | | | | |
| | Indirect Costs | | | | | | |
| | Allocated to IDC base | | | | | | |
| Subaward 5 | Direct Costs | | | | | | |
| | Indirect Costs | | | | | | |
| | Allocated to IDC base | | | | | | |
| Subaward 6 | Direct Costs | | | | | | |
| | Indirect Costs | | | | | | |
| | Allocated to IDC base | | | | | | |
| Subaward 7 | Direct Costs | | | | | | |
| | Indirect Costs | | | | | | |
| | Allocated to IDC base | | | | | | |
| Subaward 8 | Direct Costs | | | | | | |
| | Indirect Costs | | | | | | |
| | Allocated to IDC base | | | | | | |
| Subaward 9 | Direct Costs | | | | | | |
| | Indirect Costs | | | | | | |
| | Allocated to IDC base | | | | | | |
| Subaward 10 | Direct Costs | | | | | | |
| | Indirect Costs | | | | | | |
| | Allocated to IDC base | | | | | | |
| Total Subaward Direct Costs | | 72,500 | 73,881 | 75,302 | | | |
| Total Subaward Indirect Costs | | 18,125 | 18,470 | 18,826 | | | |
| Total Subaward Costs | | 90,625 | 92,351 | 94,128 | | | 277,104 |
| Total Allocated to IDC Base | | 25,000 | | | | | 25,000 |

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 1

* ORGANIZATIONAL DUNS: 999999999

* **Budget Type:** Project Subaward/Consortium

Enter name of Organization: Aanother Institution 1

* **Start Date:** 07-01-2008 * **End Date:** 06-30-2009 **Budget Period:** 1

| A. Senior/Key Person | | | | | | | | | | | | |
|--|--------------|-------------|--------------|--------|----------------|------------------|-------------|--------------------------------|-------------|-------------------------|------------------------|------------------------|
| Prefix | * First Name | Middle Name | * Last Name | Suffix | * Project Role | Base Salary (\$) | Cal. Months | Acad. Months | Sum. Months | * Requested Salary (\$) | * Fringe Benefits (\$) | * Funds Requested (\$) |
| 1. | Subcontract | | Investigator | | Co-PI | 100,000.00 | 3 | | | 25,000.00 | 3,750.00 | 28,750.00 |
| Total Funds Requested for all Senior Key Persons in the attached file | | | | | | | | | | | | |
| Additional Senior Key Persons: | | | | | | File Name: | Mime Type: | Total Senior/Key Person | | | | 28,750.00 |

| B. Other Personnel | | | | | | | | | | | | |
|---------------------------|-------------------------------------|--|--|--|--|-------------|--------------|-------------|------------------------------|--|------------------------|------------------|
| * Number of Personnel | * Project Role | | | | | Cal. Months | Acad. Months | Sum. Months | * Requested Salary (\$) | * Fringe Benefits | * Funds Requested (\$) | |
| 1 | Post Doctoral Associates | | | | | 6 | | | 15,000.00 | 2,250.00 | 17,250.00 | |
| | Graduate Students | | | | | | | | | | | |
| | Undergraduate Students | | | | | | | | | | | |
| | Secretarial/Clerical | | | | | | | | | | | |
| 1 | Total Number Other Personnel | | | | | | | | Total Other Personnel | | 17,250.00 | |
| | | | | | | | | | | Total Salary, Wages and Fringe Benefits (A+B) | | 46,000.00 |

RESEARCH & RELATED Budget {A-B} (Funds Requested)

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

* ORGANIZATIONAL DUNS: 999999999

* **Budget Type:** Project Subaward/Consortium

Enter name of Organization: Aanother Institution 1

* **Start Date:** 07-01-2008

* **End Date:** 06-30-2009

Budget Period: 1

| C. Equipment Description | | |
|--|------------------------|------------------------|
| List items and dollar amount for each item exceeding \$5,000 | | |
| Equipment Item | | * Funds Requested (\$) |
| Total funds requested for all equipment listed in the attached file | | |
| | Total Equipment | |
| Additional Equipment: | File Name: | Mime Type: |

| D. Travel | Funds Requested (\$) |
|--|-----------------------------|
| 1. Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions) | 1,500.00 |
| 2. Foreign Travel Costs | |
| Total Travel Cost | 1,500.00 |

| E. Participant/Trainee Support Costs | Funds Requested (\$) |
|---|--|
| 1. Tuition/Fees/Health Insurance | |
| 2. Stipends | |
| 3. Travel | |
| 4. Subsistence | |
| 5. Other: | |
| Number of Participants/Trainees | Total Participant/Trainee Support Costs |

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

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

* ORGANIZATIONAL DUNS: 999999999

* **Budget Type:** Project Subaward/Consortium

Enter name of Organization: Aanother Institution 1

* **Start Date:** 07-01-2008

* **End Date:** 06-30-2009

Budget Period: 1

| | |
|---|-----------------------------|
| F. Other Direct Costs | Funds Requested (\$) |
| 1. Materials and Supplies | 25,000.00 |
| 2. Publication Costs | |
| 3. Consultant Services | |
| 4. ADP/Computer Services | |
| 5. Subawards/Consortium/Contractual Costs | |
| 6. Equipment or Facility Rental/User Fees | |
| 7. Alterations and Renovations | |
| Total Other Direct Costs | 25,000.00 |

| | |
|--------------------------------------|-----------------------------|
| G. Direct Costs | Funds Requested (\$) |
| Total Direct Costs (A thru F) | 72,500.00 |

| | | | |
|---|---------------------------|-------------------------------|--------------------------------|
| H. Indirect Costs | | | |
| | Indirect Cost Type | Indirect Cost Rate (%) | Indirect Cost Base (\$) |
| 1. Research_ On_campus | | 25 | 72,500.00 |
| | | | * Funds Requested (\$) |
| | | | 18,125.00 |
| | | Total Indirect Costs | 18,125.00 |
| Cognizant Federal Agency | | | |
| (Agency Name, POC Name, and POC Phone Number) | | | |

| | |
|--|-----------------------------|
| I. Total Direct and Indirect Costs | Funds Requested (\$) |
| Total Direct and Indirect Institutional Costs (G + H) | 90,625.00 |

| | |
|---------------|-----------------------------|
| J. Fee | Funds Requested (\$) |
|---------------|-----------------------------|

| | | |
|----------------------------------|-------------------------|------------|
| K. * Budget Justification | File Name: | Mime Type: |
| | (Only attach one file.) | |

RESEARCH & RELATED Budget {F-K} (Funds Requested)

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

* ORGANIZATIONAL DUNS: 999999999

* **Budget Type:** Project Subaward/Consortium

Enter name of Organization: Aanother Institution 1

* **Start Date:** 07-01-2009

* **End Date:** 06-30-2010

Budget Period: 2

| A. Senior/Key Person | | | | | | | | | | | | |
|--|--------------|-------------|-------------|--------|----------------|------------------|-------------|--------------------------------|-------------|-------------------------|------------------------|------------------------|
| Prefix | * First Name | Middle Name | * Last Name | Suffix | * Project Role | Base Salary (\$) | Cal. Months | Acad. Months | Sum. Months | * Requested Salary (\$) | * Fringe Benefits (\$) | * Funds Requested (\$) |
| 1. | NON-OSU | | AAANYONE | | Co-PI | 103,000.00 | 3 | | | 25,750.00 | 3,863.00 | 29,613.00 |
| Total Funds Requested for all Senior Key Persons in the attached file | | | | | | | | | | | | |
| Additional Senior Key Persons: | | | | | | File Name: | Mime Type: | Total Senior/Key Person | | | | 29,613.00 |

| B. Other Personnel | | | | | | | | | | | | |
|---------------------------|-------------------------------------|--|--|--|--|-------------|--------------|-------------|------------------------------|--|------------------------|------------------|
| * Number of Personnel | * Project Role | | | | | Cal. Months | Acad. Months | Sum. Months | * Requested Salary (\$) | * Fringe Benefits | * Funds Requested (\$) | |
| 1 | Post Doctoral Associates | | | | | 6 | | | 15,450.00 | 2,318.00 | 17,768.00 | |
| | Graduate Students | | | | | | | | | | | |
| | Undergraduate Students | | | | | | | | | | | |
| | Secretarial/Clerical | | | | | | | | | | | |
| 1 | Total Number Other Personnel | | | | | | | | Total Other Personnel | | 17,768.00 | |
| | | | | | | | | | | Total Salary, Wages and Fringe Benefits (A+B) | | 47,381.00 |

RESEARCH & RELATED Budget {A-B} (Funds Requested)

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

* ORGANIZATIONAL DUNS: 999999999

* **Budget Type:** Project Subaward/Consortium

Enter name of Organization: Aanother Institution 1

* **Start Date:** 07-01-2009

* **End Date:** 06-30-2010

Budget Period: 2

| | |
|---|-----------------------------|
| F. Other Direct Costs | Funds Requested (\$) |
| 1. Materials and Supplies | 25,000.00 |
| 2. Publication Costs | |
| 3. Consultant Services | |
| 4. ADP/Computer Services | |
| 5. Subawards/Consortium/Contractual Costs | |
| 6. Equipment or Facility Rental/User Fees | |
| 7. Alterations and Renovations | |
| Total Other Direct Costs | 25,000.00 |

| | |
|--------------------------------------|-----------------------------|
| G. Direct Costs | Funds Requested (\$) |
| Total Direct Costs (A thru F) | 73,881.00 |

| | | | |
|---|---------------------------|-------------------------------|-------------------------------|
| H. Indirect Costs | | | |
| | Indirect Cost Type | Indirect Cost Rate (%) | * Funds Requested (\$) |
| 1. Research_ On_campus | | 25 | 18,470.00 |
| | | | 73,881.00 |
| | | Total Indirect Costs | 18,470.00 |
| Cognizant Federal Agency | | | |
| (Agency Name, POC Name, and POC Phone Number) | | | |

| | |
|--|-----------------------------|
| I. Total Direct and Indirect Costs | Funds Requested (\$) |
| Total Direct and Indirect Institutional Costs (G + H) | 92,351.00 |

| | |
|---------------|-----------------------------|
| J. Fee | Funds Requested (\$) |
|---------------|-----------------------------|

| | | |
|----------------------------------|-------------------------|------------|
| K. * Budget Justification | File Name: | Mime Type: |
| | (Only attach one file.) | |

RESEARCH & RELATED Budget {F-K} (Funds Requested)

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

* ORGANIZATIONAL DUNS: 999999999

* **Budget Type:** Project Subaward/Consortium

Enter name of Organization: Aanother Institution 1

* **Start Date:** 07-01-2010

* **End Date:** 06-30-2011

Budget Period: 3

| A. Senior/Key Person | | | | | | | | | | | | |
|--|--------------|-------------|-------------|--------|----------------|------------------|-------------|--------------------------------|-------------|-------------------------|------------------------|------------------------|
| Prefix | * First Name | Middle Name | * Last Name | Suffix | * Project Role | Base Salary (\$) | Cal. Months | Acad. Months | Sum. Months | * Requested Salary (\$) | * Fringe Benefits (\$) | * Funds Requested (\$) |
| 1. | NON-OSU | | AAANYONE | | Co-PI | 106,090.00 | 3 | | | 26,523.00 | 3,978.00 | 30,501.00 |
| Total Funds Requested for all Senior Key Persons in the attached file | | | | | | | | | | | | |
| Additional Senior Key Persons: | | | | | | File Name: | Mime Type: | Total Senior/Key Person | | | | 30,501.00 |

| B. Other Personnel | | | | | | | | | | | | |
|---------------------------|-------------------------------------|--|--|--|--|-------------|--------------|-------------|------------------------------|--|------------------------|------------------|
| * Number of Personnel | * Project Role | | | | | Cal. Months | Acad. Months | Sum. Months | * Requested Salary (\$) | * Fringe Benefits | * Funds Requested (\$) | |
| 1 | Post Doctoral Associates | | | | | 6 | | | 15,914.00 | 2,387.00 | 18,301.00 | |
| | Graduate Students | | | | | | | | | | | |
| | Undergraduate Students | | | | | | | | | | | |
| | Secretarial/Clerical | | | | | | | | | | | |
| 1 | Total Number Other Personnel | | | | | | | | Total Other Personnel | | 18,301.00 | |
| | | | | | | | | | | Total Salary, Wages and Fringe Benefits (A+B) | | 48,802.00 |

RESEARCH & RELATED Budget {A-B} (Funds Requested)

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

* ORGANIZATIONAL DUNS: 999999999

* **Budget Type:** Project Subaward/Consortium

Enter name of Organization: Aanother Institution 1

* **Start Date:** 07-01-2010

* **End Date:** 06-30-2011

Budget Period: 3

| C. Equipment Description | | |
|---|------------|------------------------|
| List items and dollar amount for each item exceeding \$5,000 | | |
| Equipment Item | | * Funds Requested (\$) |
| Total funds requested for all equipment listed in the attached file | | |
| | | Total Equipment |
| Additional Equipment: | File Name: | Mime Type: |

| D. Travel | Funds Requested (\$) |
|--|-----------------------------|
| 1. Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions) | 1,500.00 |
| 2. Foreign Travel Costs | |
| Total Travel Cost | 1,500.00 |

| E. Participant/Trainee Support Costs | Funds Requested (\$) |
|---|--|
| 1. Tuition/Fees/Health Insurance | |
| 2. Stipends | |
| 3. Travel | |
| 4. Subsistence | |
| 5. Other: | |
| Number of Participants/Trainees | Total Participant/Trainee Support Costs |

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

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

* ORGANIZATIONAL DUNS: 999999999

* **Budget Type:** Project Subaward/Consortium

Enter name of Organization: Aanother Institution 1

* **Start Date:** 07-01-2010

* **End Date:** 06-30-2011

Budget Period: 3

| | |
|---|-----------------------------|
| F. Other Direct Costs | Funds Requested (\$) |
| 1. Materials and Supplies | 25,000.00 |
| 2. Publication Costs | |
| 3. Consultant Services | |
| 4. ADP/Computer Services | |
| 5. Subawards/Consortium/Contractual Costs | |
| 6. Equipment or Facility Rental/User Fees | |
| 7. Alterations and Renovations | |
| Total Other Direct Costs | 25,000.00 |

| | |
|--------------------------------------|-----------------------------|
| G. Direct Costs | Funds Requested (\$) |
| Total Direct Costs (A thru F) | 75,302.00 |

| | | | |
|---|---------------------------|-------------------------------|--------------------------------|
| H. Indirect Costs | | | |
| | Indirect Cost Type | Indirect Cost Rate (%) | Indirect Cost Base (\$) |
| 1. Research_ On_campus | | 25 | 75,302.00 |
| | | | * Funds Requested (\$) |
| | | | 18,826.00 |
| | | Total Indirect Costs | 18,826.00 |
| Cognizant Federal Agency | | | |
| (Agency Name, POC Name, and POC Phone Number) | | | |

| | |
|--|-----------------------------|
| I. Total Direct and Indirect Costs | Funds Requested (\$) |
| Total Direct and Indirect Institutional Costs (G + H) | 94,128.00 |

| | |
|---------------|-----------------------------|
| J. Fee | Funds Requested (\$) |
|---------------|-----------------------------|

| | | |
|----------------------------------|-------------------------|------------|
| K. * Budget Justification | File Name: | Mime Type: |
| | (Only attach one file.) | |

RESEARCH & RELATED Budget {F-K} (Funds Requested)

RESEARCH & RELATED BUDGET - Cumulative Budget

| | Totals (\$) | |
|---|-------------|-------------------|
| Section A, Senior/Key Person | | 88,864.00 |
| Section B, Other Personnel | | 53,319.00 |
| Total Number Other Personnel | 3 | |
| Total Salary, Wages and Fringe Benefits (A+B) | | 142,183.00 |
| Section C, Equipment | | |
| Section D, Travel | | 4,500.00 |
| 1. Domestic | 4,500.00 | |
| 2. Foreign | | |
| Section E, Participant/Trainee Support Costs | | |
| 1. Tuition/Fees/Health Insurance | | |
| 2. Stipends | | |
| 3. Travel | | |
| 4. Subsistence | | |
| 5. Other | | |
| 6. Number of Participants/Trainees | | |
| Section F, Other Direct Costs | | 75,000.00 |
| 1. Materials and Supplies | 75,000.00 | |
| 2. Publication Costs | | |
| 3. Consultant Services | | |
| 4. ADP/Computer Services | | |
| 5. Subawards/Consortium/Contractual Costs | | |
| 6. Equipment or Facility Rental/User Fees | | |
| 7. Alterations and Renovations | | |
| 8. Other 1 | | |
| 9. Other 2 | | |
| 10. Other 3 | | |
| Section G, Direct Costs (A thru F) | | 221,683.00 |
| Section H, Indirect Costs | | 55,421.00 |
| Section I, Total Direct and Indirect Costs (G + H) | | 277,104.00 |
| Section J, Fee | | |



NRI Proposal Type Form

This form is only for use by applicants submitting to a CSREES National Research Initiative Competitive Grants Program.

Please check only the boxes below that apply to the type of application being submitted.

* 1. Proposal Type

- * Integrated Project Proposal
- * Research Project Proposal
 - * Standard Research Project
 - * Conference
 - * Agricultural Research Enhancement Award (AREA)
 - * Postdoctoral Fellowship
 - * New Investigator
 - * Strengthening
 - * Standard Strengthening
 - * Equipment
 - * Seed Grant
 - * Career Enhancement

Supplemental Information Form

OMB Number: 0524-0039
Expiration Date: 4/30/2009

Please complete this form in conjunction with the SF-424 Application for Federal Financial Assistance.

1. Funding Opportunity

* Funding Opportunity Name



This information defaults based on the Funding Opportunity Announcement (FOA) selected.

* Funding Opportunity Number

USDA-CSREES-S2S

2. Program to which you are applying

* Program Code Name

Animal Disease

* Program Code

44.0

* 3. Type of Applicant

H: Public/State Controlled Institution of Higher Education

4. Additional Applicant Types

5. Supplemental Applicant Types (Check all that apply)

- Alaska Native-Serving Institution
- Cooperative Extension Service
- Hispanic-Serving Institution
- Historically Black College or University (other than 1890)
- Minority-Serving Institution
- Native Hawaiian-Serving Institution
- Public Nonprofit Junior or Community College
- Public Secondary School
- School of Forestry
- State Agricultural Experiment Station
- Tribal College (other than 1994)
- Veterinary School or College

6. HHS Account Information

* Does the legal applicant have a Department of Health and Human Services' Payment Management System (DHHS-PMS) Payee Identification Number (PIN) for CSREES awards?

Yes No

* What is the DHHS-PMS PIN to be used in the event of an award?

7J05P

* 7. Key Words

avian influenza

8. Conflict of Interest List

Attachments

ConflictofInterestList

File Name

Mime Type

Tracking Number: