RESEARCH & RELATED BUDGET - Budget Period 1

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

UEI: Kxxxxxxxxxxx **Enter name of Organization:** Domestic University

Budget Type: ☑ Project ☐ Subaward/Consortium **Budget Period: 1** **Start Date:** 07-01-2025 **End Date:** 06-30-2026

A. Senior/Key Person

Prefix	First	Middle	Last	Suffix	Base Salary ($)	Months Cal.	Months Acad.	Months Sum.	Requested Salary ($)	Fringe Benefits ($)	Funds Requested ($)
	Rachel		Khan	PD/PI		4.8			0.00	0.00	0.00

Project Role: PD/PI

Additional Senior Key Persons: Add Attachment | Delete Attachment | View Attachment

Total Funds requested for all Senior Key Persons in the attached file

Total Senior/Key Person

B. Other Personnel

Number of Personnel	Project Role	Months Cal.	Months Acad.	Months Sum.	Requested Salary ($)	Fringe Benefits ($)	Funds Requested ($)
	Post Doctoral Associates						
	Graduate Students						
	Undergraduate Students						
	Secretarial/Clerical						

Total Number Other Personnel

Total Other Personnel 0.00

Total Salary, Wages and Fringe Benefits (A+B) 0.00

C. Equipment Description

List items and dollar amount for each item exceeding $5,000

Equipment item	Funds Requested ($)

Additional Equipment: Add Attachment | Delete Attachment | View Attachment

Total funds requested for all equipment listed in the attached file	0.00
Total Equipment	0.00

D. Travel

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

E. Participant/Trainee Support Costs

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

F. Other Direct Costs

	Funds Requested ($)
1. Materials and Supplies	
2. Publication Costs	
3. Consultant Services	
4. ADP/Computer Services	
5. Subawards/Consortium/Contractual Costs	
6. Equipment or Facility Rental/User Fees	
7. Alterations and Renovations	
8. Requested Direct Costs	275,000.00
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
Total Other Direct Costs	275,000.00

G. Direct Costs

	Funds Requested ($)
Total Direct Costs (A thru F)	275,000.00

H. Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base ($)	Funds Requested ($)
MTDC	55	275,000.00	151,250.00

Total Indirect Costs	151,250.00

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)	426,250.00

J. Fee

Funds Requested ($)
0.00

K. Total Costs and Fee

	Funds Requested ($)
Total Costs and Fee (I + J)	426,250.00

L. Budget Justification

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

Add Attachment Delete Attachment View Attachment

Budget justification:

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

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