Grant Application Package

Opportunity Title: Research Project Grant (Parent RO1)
Offering Agency: National Institutes of Health
CFDA Number: 02-07-070
CFDA Description:版面文字
Opportunity Number: PA-07-070
Competition ID: VERSIA-2A-FORMS
Opportunity Open Date: 01/05/2007
Opportunity Close Date: 01/03/2010
Agency Contact: Grants Info
TTY 301-481-0088
E-mail: GrantsInfo@nih.gov

This opportunity is only open to organizations, applicants who are submitting grant applications on behalf of a company, state, local or tribal government, academia, or other type of organization.

* Application Filing Name: PILASTNAME 20000000

Mandatory Documents

| SF-424 (R&R) |
| Research & Related Select Key Person Profiles (Optional) |
| Research & Related Other Project Information |
| Research & Related Project Performance Site Location(s) |
| PHS 338 Cover Page Supplement |
| PHS 338 Research Plan |

Optional Documents

| PHS 338 Cover Letter File |
| PHS-338 Modular Budget |
| Research & Related Budget |
| R&R Subaward Budget Attachment(s) Form |

Instructions

1. Enter a name for the application in the Application Filing Name field.
   - This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
   - You can save your application at any time by clicking the "Save" button at the top of your screen.
   - The "Submit" button will not be functional until the application is complete and saved.

2. Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.
   - It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
   - The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".

   - To open an item, simply click on it to select the item and then click on the "Open" button. When you have completed a form or document, click the form/document name to select it, and then click the "<<" button. This will move the form/document to the "Completed Documents" box.

3. Click the "Submit" button to submit your application to Grants.gov.
   - Once you have properly completed all required documents and saved the application, the "Submit" button will become active.
   - You will be taken to a confirmation page where you will be asked to verify that this is the funding opportunity and Agency to which you want to submit an application.
Do you wish to sign and submit this Application?

Please review the summary provided to ensure that the information listed is correct and that you are submitting an application to the opportunity for which you want to apply.

If you want to submit the application package for the listed funding opportunity, click on the "Sign and Submit Application" button below to complete the process. You will then see a screen prompting you to enter your user ID and password.

If you do not want to submit the application at this time, click the "Exit Application" button. You will then be returned to the previous page where you can make changes to the required forms and documents or exit the process.

If this is not the application for the funding opportunity for which you wish to apply, you must exit this application package and then download and complete the correct application package.

Sign and Submit Application  Exit Application
APPLICATION FOR FEDERAL ASSISTANCE

SF 424 (R&R)

2. DATE SUBMITTED

3. DATE RECEIVED BY STATE

Applicant Identifier
PLASTNAME 2007XXX

4. Federal Identifier

State Application Identifier

1. * TYPE OF SUBMISSION

☐ Pre-application    ☑ Application
☐ Changed/Corrected Application

5. APPLICANT INFORMATION

* Organizational DUNS: 878848394

* Legal Name: University of Oklahoma Health Sciences Center

Department: Office of Research Admin.
Division:

* Street1: 1000 Stanton L. Young Blvd.
Street2: LIB-121

* City: Oklahoma City
County: Oklahoma
* State: OK, Oklahoma

Province:

* Country: UNITED ST
* ZIP / Postal Code: 73117-1213

Person to be contacted on matters involving this application
Prefix: * First Name: Mary
Middle Name: A.
* Last Name: Cotter-Laffi

* Phona Number: 405-271-2090
Fax Number 405-271-8861
Email: mary-cotter@ouhsc.edu

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN):

1736017987EB

7. * TYPE OF APPLICANT:

☐ H: Public/State Controlled Institution of Higher Education

Other (Specify):

☐ Small Business Organization Type

☐ Women Owned
☐ Socially and Economically Disadvantaged

9. * NAME OF FEDERAL AGENCY:

National Institutes of Health

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

Title:

11. * DESCRIPTIVE TITLE OF APPLICANT’S PROJECT:

Project Title Limited to 31 characters, including the spaces between words and punctuation. Titles in excess of 81 characters will be truncated

12. * AREAS AFFECTED BY PROJECT (cities, counties, states, etc.)

List only the largest political entities affected by the project (for example, state, counties, cities). Enter "N/A" for not applicable.

13. PROPOSED PROJECT:

* Start Date
* Ending Date

14. CONGRESSIONAL DISTRICTS:

a. * Applicant
b. Project

OK-005

15. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: PI FIRSTNAME
Middle Name: PI MIDDLENAME
* Last Name: PI LASTNAME

■ Position/Title: Prof., Assoc. Prof., etc.
Organization Name: University of Oklahoma Health Sciences Center

Department: PI Dept.
Division: PI College

* Street1: PI Street Address
Street2:

* City: Oklahoma City
County: Oklahoma
State: OK, Oklahoma
Province:

* Country: UNITED ST
* ZIP / Postal Code: PI ZIP

* Phone Number: PI PHONE
Fax Number: PI FAX
* Email: PI@ouhsc.edu

OMB Number: 4040-0001
Expiration Date: 04/30/2006
18. ESTIMATED PROJECT FUNDING

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Estimated Project Funding</td>
<td>1,631,250.00</td>
<td></td>
</tr>
<tr>
<td>Total Federal &amp; Non-Federal Funds</td>
<td>1,631,250.00</td>
<td></td>
</tr>
<tr>
<td>Estimated Program Income</td>
<td>0.00</td>
<td></td>
</tr>
</tbody>
</table>

17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES [ ] THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: [ ]

b. NO [ ] PROGRAM IS NOT COVERED BY E.O. 12372; OR [ ] PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

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

* 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

<table>
<thead>
<tr>
<th>Prefix</th>
<th>* First Name:</th>
<th>Middle Name:</th>
<th>* Last Name:</th>
<th>Suffix</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mary</td>
<td></td>
<td>Cotter-Lafl</td>
<td></td>
</tr>
</tbody>
</table>

* Position/Title: Director of Sponsored Pr og

* Organization: University of Oklahoma Health Sciences Center

Department: Office of Research Admin.

* Street1: 100 Stanton L. Young Blvd.

* Street2: LIB-121

* City: Oklahoma City

* County: Oklahoma

* State: OK: Oklahoma

* Province: UNITED ST

* Country: UNITED ST

* ZIP / Postal Code: 73117-1213

* Phone Number: 405-271-2090

* Fax Number: 405-271-8651

* Email: mary-cotter@ouhsc.edu

* Signature of Authorized Representative

Completed on submission to Grants.gov

* Date Signed

Completed on submission to Grants.gov

20. Pre-application

21. Attach an additional list of Project Congressional Districts if needed.
Starting with the PD/PI, provide a profile for each senior/key person proposed. Unless otherwise specified in an agency announcement, senior/key personnel are defined as all individuals who contribute to a substantive, measurable way to the scientific development or execution of the project, whether or not salaries are requested. Consultants should be included if they meet this definition.

**RESEARCH & RELATED** Senior/Key Person Profile (Expanded)

<table>
<thead>
<tr>
<th>PROFILE - Project Director/Principal Investigator</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Prefix</strong></td>
</tr>
<tr>
<td>PI F/R STNAME</td>
</tr>
<tr>
<td>Position/Title:</td>
</tr>
<tr>
<td>Organization Name:</td>
</tr>
<tr>
<td>* Street1</td>
</tr>
<tr>
<td>* City:</td>
</tr>
<tr>
<td>* State:</td>
</tr>
<tr>
<td>* Country:</td>
</tr>
<tr>
<td>* Phone Number</td>
</tr>
<tr>
<td>Credential, e.g., agency login:</td>
</tr>
<tr>
<td><a href="mailto:PI@ouhsc.edu">PI@ouhsc.edu</a></td>
</tr>
<tr>
<td>Project Role:</td>
</tr>
</tbody>
</table>

*Attach Biographical Sketch* [SF424-XR_biostatisticsample.pdf]

*Attach Current & Pending Support* [Other Support: Unless otherwise required in a specific FOA or in a specific FOA do not use this attachment upload for NIH and other PHS agency submissions.


**PROFILE - Senior/Key Person 1**

<table>
<thead>
<tr>
<th>Prefix</th>
<th>First Name</th>
<th>Middle Name</th>
<th>Last Name</th>
<th>Suffix</th>
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</thead>
<tbody>
<tr>
<td></td>
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<tr>
<td>Position/Title:</td>
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<td>Department:</td>
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<tr>
<td>Organization Name:</td>
<td></td>
<td>Division:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Street1</td>
<td>PI Street Address</td>
<td>Street2:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* City:</td>
<td>County:</td>
<td>State:</td>
<td>Oklahoma</td>
<td></td>
</tr>
<tr>
<td>* Country:</td>
<td>UNITED ST</td>
<td>* Zip / Postal Code:</td>
<td>PI ZIP</td>
<td></td>
</tr>
<tr>
<td>* Phone Number</td>
<td></td>
<td>Fax Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Credential, e.g., agency login:</td>
<td></td>
<td>PI Phone:</td>
<td>PI Fax:</td>
<td></td>
</tr>
</tbody>
</table>

*Project Role: See below.*

<table>
<thead>
<tr>
<th>Other Project Role Category:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Add Attachment</td>
</tr>
</tbody>
</table>

*Project Role (for other than the PI): Select a project role from the list. Select "Other" if an appropriate project role is not listed. Unless you are using the Multiple PI option, NIH and other PHS agencies continue to only recognize a single PD/PI. The role of "Co-PI/PD" is not currently used by NIH and other PHS agencies. If including individuals classified as "Other Significant Contributors (OSC)," use the "Other" category and indicate "Other Significant Contributor" as the role in the "Other Project Role Category." OSCs should be listed last after all other Senior/Key Persons have been listed.

OMB Number: 4040-0001

Expiration Date: 04/30/2008
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 ".xml" (for example, "My_Senior_Key.xml"). If you do not name your file with the "xml" 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.

| Select to Extract the R&R Additional Senior/Key Person 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 | Add Attachment |
| 2) Please attach Attachment 2 | Add Attachment |
| 3) Please attach Attachment 3 | Add Attachment |
| 4) Please attach Attachment 4 | Add Attachment |

ADDITIONAL SENIOR/KEY PERSON PROFILE(S)

| Additional Biographical Sketch(es) (Senior/Key Person) | Add Attachment |
| Additional Current and Pending Support(s) | Add Attachment |

OMB Number: 4040-0001
Expiration Date: 04/30/2008
BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors. Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

<table>
<thead>
<tr>
<th>NAME</th>
<th>POSITION TITLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carlucci, Joseph Louis</td>
<td>Professor of Microbiology</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>INSTITUTION AND LOCATION</th>
<th>DEGREE (if applicable)</th>
<th>YEAR(s)</th>
<th>FIELD OF STUDY</th>
</tr>
</thead>
<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

- **1965-1971** 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** Assistant Professor of Pediatrics, Harvard Medical School
- **1985-1998** Chief, Hemostasis Laboratory, Children's Hospital, Boston, MA
- **1993-1998** 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
Epidemiology 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 R01 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 -5/30/04
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
RESEARCH & RELATED Other Project Information

1. * Are Human Subjects Involved?  Yes  No
   1.a. If YES to Human Subjects
       Is the IRB review Pending?  Yes  No
       IRB Approval Date:
       Exemption Number:  1  2  3  4  5  6
       Human Subject Assurance Number:  00007961

2. * Are Vertebrate Animals Used?  Yes  No
   2.a. If YES to Vertebrate Animals
        Is the IACUC review Pending?  Yes  No
        IACUC Approval Date:
        Animal Welfare Assurance Number:  A2165-01 This number must be entered exactly as indicated or the submission will be rejected.

3. * Is proprietary/privileged information included in the application?  Yes  No

4.a. * Does this project have an actual or potential impact on the environment?  Yes  No
   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?  Yes  No
   4.d. If yes, please explain:

5.a. * Does this project involve activities outside the U.S. or partnership with International Collaborators?  Yes  No

5.b. If yes, identify countries:

5.c. Optional Explanation:

6. * Project Summary/Abstract
   Project Summary-Abstract.pdf

7. * Project Narrative
   Project Narrative.pdf

8. Bibliography & References Cited
   Bibliography.pdf

9. Facilities & Other Resources
   Facilities.pdf

10. Equipment
    Equipment.pdf

11. Other Attachments
    Add Attachments  Delete Attachments  View Attachments

OMB Number: 4040-0001
Expiration Date: 04/30/2008
6. Project Summary/Abstract

The Project Summary must contain a summary of the proposed activity suitable for dissemination to the public. It should be a self-contained description of the project and should contain a statement of objectives and methods to be employed. It should be informative to other persons working in the same or related fields and insofar as possible understandable to a scientifically or technically literate lay reader. This Summary must not include any proprietary/confidential information.

To attach a project summary/abstract file, click Add Attachment, browse to where you saved the file, select the file, and then click Open.

The first and major component of the Project Summary/Abstract (i.e., “Description”) is a Project Summary. It is meant to serve as a succinct and accurate description of the proposed work when separated from the application. 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 the stated goals. This section should be informative to other persons working in the same or related fields and insofar as possible understandable to a scientifically or technically literate reader. Avoid describing past accomplishments and the use of the first person. Finally, please make every effort to be succinct. This section must be no longer than 30 lines of text, and follow the required font and margin specifications. An abstract which exceeds this allowable length may be flagged as an error by the agency upon submission. This would require a corrective action before the application will be accepted.
7. Project Narrative

For NIH and other PHS agencies applications, this attachment will reflect the second component of the Project Summary. The second component of the Project Summary/Abstract (i.e., "Description") is Relevance. Using no more than two or three sentences, describe the relevance of this research to public health. In this section, be succinct and use plain language that can be understood by a general, lay audience.

A separate Research Plan component is required for NIH and other PHS agencies applications. Refer to Section 5.5, Research Plan Component, for separate file uploads and instructions.
8. Bibliography & References Cited

Provide a bibliography of any references cited in the Project Narrative. Each reference must include the names of all authors (in the same sequence in which they appear in the publication), the article and journal title, book title, volume number, page numbers, and year of publication. Include only bibliographic citations. Be especially careful to follow scholarly practices in providing citations for source materials relied upon when preparing any section of the application.

To attach a bibliography, click “Add Attachment,” browse to where you saved the file, select the file, and then click “Open.”

Note this section (formerly “Literature Cited”) should include any references cited in the PHS 398 Research Plan component (see Section 5.5 for details on completing that component). The reference should be limited to relevant and current literature. While there is not a page limitation, it is important to be concise and to select only those literature references pertinent to the proposed research. For publicly available citations, URLs or PMC submission identification numbers may accompany the full reference. Note copies of these publications are no longer accepted as appendix material.
9. Facilities & Other Resources

This information is used to assess the capability of the organizational resources available to perform the effort proposed. Identify the facilities to be used (Laboratory, Animal, Computer, Office, Clinical and Other). If appropriate, indicate their capacities, pertinent capabilities, relative proximity and extent of availability to the project. Describe only those resources that are directly applicable to the proposed work. Provide any information describing the Other Resources available to the project (e.g., machine shop, electronic shop) and the extent to which they would be available to the project.

To attach a facilities and other resources file, click Add Attachment, browse to where you saved the file, select the file, and then click Open.

If there are multiple performance sites, then resources available at each site should be described. In describing the scientific environment in which the work will be done, discuss ways in which the proposed studies will benefit from unique features of the scientific environment, or subject populations or employ useful collaborative arrangements. If research involving Select Agent(s) will occur at any performance site(s), the biocontainment resources available at each site should be described.
10. Equipment

List major items of equipment already available for this project and, if appropriate, identify location and pertinent capabilities. To attach an equipment file, click Add Attachment, browse to where you saved the file, select the file, and then click Open.
RESEARCH & RELATED Project/Performance Site Location(s)

Generally, the Primary Location should be that of the applicant organization or identified as on-site in accordance with the conditions of the applicant organization’s negotiated Facilities and Administrative (F&A) agreement.

Project/Performance Site Primary Location

Organization Name: University of Oklahoma Health Sciences Center

* Street1: 
* Street2: 
* City: 
County: 
* State: 
Province: 
* Country: NITED S | * ZIP / Postal Code: 

Indicate the primary site where the work will be performed (above). If a portion of the project will be performed at any other site(s), identify the site location(s) in the blocks provided. If more than eight project/performance site locations are proposed, provide the information in a separate file, and then attach.

Project/Performance Site Location 1

Organization Name: 

* Street: 
* Street2: 
* City: 
County: 
* State: 
Province: 
* Country: NITED S | * ZIP / Postal Code: 

Additional Location(s) 

Add Attachment: 

Expiration Date: 04/30/2005

OMB Number: 4040-0001
1. Project Director / Principal Investigator (PD/PI)

Prefix: 

* First Name: 

Middle Name: 

Last Name: 

Suffix: 

* New Investigator?  

No

Yes

* New Investigator? Check the Yes box only if the PD/PI has not previously served as such on any PHS-supported research project other than a small grant (R03), an Academic Research Enhancement Award (R15), an exploratory/developmental grant (R21), or mentored career development awards for persons at the beginning of their research career (K01, K08, K22, K23, and K25).

Degrees: Indicate up to three academic and professional degrees or other credentials, such as licenses (for example, R.N.). These degrees should be a subset of the degrees that are listed on the PD/PI's Commons account. If the PD/PI's Commons account does not include the degrees listed here, please update the Commons account information accordingly.

2. Human Subjects

Clinical Trial?  

[ ] No  

[ ] Yes

* Agency-Defined Phase III Clinical Trial?  

[ ] No  

[ ] Yes

3. Applicant Organization Contact

Person to be contacted on matters involving this application

Prefix: 

* First Name: Mary

Middle Name: A.

* Last Name: Cotter-Lelli

Suffix: 

* Phone Number: 405-271-2090  

Fax Number: 405-271-8851

Email: mary.cotter@ouhsco.edu

* Title: Director of Sponsored Prog

* Street1: 1000 Stanton L. Young Blvd.

Street2: LIB-121

* City: Oklahoma City

County: Oklahoma

* State: OK: Oklahoma

Province: 

* Country: United States  

Zip / Postal Code: 73117-1213
4. Human Embryonic Stem Cells

* Does the proposed project involve 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. Or, if a specific stem cell line cannot be referenced at this time, please check the box indicating that one from the registry will be used:

Cell Line(s):   [ ] Specific stem cell line cannot be referenced at this time. One from the registry will be used.
# PHS 398 Research Plan

## 1. Application Type:

From SF 424 (R&R) Cover Page and PHS398 Checklist. The responses provided on these pages, regarding the type of application being submitted, are repeated for your reference, as you attach the appropriate sections of the research plan.

*Type of Application:
- [ ] New
- [ ] Resubmission
- [ ] Renewal
- [ ] Continuation
- [ ] Revision

## 2. Research Plan Attachments:

Please attach applicable sections of the research plan, below.

<table>
<thead>
<tr>
<th>Section</th>
<th>Add Attachment</th>
<th>Local Attachment</th>
<th>State Attachment</th>
<th>OMB Attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduction to Application</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Specific Aims</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>3. Background and Significance</td>
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<tr>
<td>4. Preliminary Studies / Progress Report</td>
<td></td>
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<tr>
<td>5. Research Design and Methods</td>
<td></td>
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<tr>
<td>6. Inclusion Enrollment Report</td>
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<tr>
<td>7. Progress Report Publication List</td>
<td></td>
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</tbody>
</table>

### Human Subjects Sessions

Attachments 8-11 apply only when you have answered "yes" to the question "are human subjects involved" on the R&R Other Project Information Form. In this case, attachments 8-11 may be required, and you are encouraged to consult the Application guide instructions and/or the specific Funding Opportunity Announcement to determine which sections must be submitted with this application.

<table>
<thead>
<tr>
<th>Section</th>
<th>Add Attachment</th>
<th>Local Attachment</th>
<th>State Attachment</th>
<th>OMB Attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td>8. Protection of Human Subjects</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Inclusion of Women and Minorities</td>
<td></td>
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</tr>
<tr>
<td>10. Targeted/Planned Enrollment</td>
<td></td>
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<tr>
<td>11. Inclusion of Children</td>
<td></td>
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</tbody>
</table>

### Other Research Plan Sections

<table>
<thead>
<tr>
<th>Section</th>
<th>Add Attachment</th>
<th>Local Attachment</th>
<th>State Attachment</th>
<th>OMB Attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Vertebrate Animals</td>
<td></td>
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<tr>
<td>13. Select Agent Research</td>
<td></td>
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<tr>
<td>14. Multiple PI Leadership Plan</td>
<td></td>
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<tr>
<td>15. Consortium/Contractual Arrangements</td>
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<tr>
<td>16. Letters of Support</td>
<td></td>
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<tr>
<td>17. Resource Sharing Plan(s)</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Section</th>
<th>Add Attachment</th>
<th>Local Attachment</th>
<th>State Attachment</th>
<th>OMB Attachment</th>
</tr>
</thead>
<tbody>
<tr>
<td>18. Appendix</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
1. Application Type:
   From SF 424 (R&R) Cover Page. The responses provided on the R&R cover page are repeated here for your reference, as you answer the questions that are specific to the PHS 398.

   * Type of Application:
     [ ] New  [ ] Resubmission  [ ] Renewal  [ ] Continuation  [ ] Revision

   Federal Identifier: Grant/Acct # if resubmission

2. Change of Investigator / Change of Institution Questions

   [ ] Change of principal investigator / program director

   Name of former principal investigator / program director:

   Prefix: ____________________________

   * First Name: ____________________________

   Middle Name: ____________________________

   * Last Name: ____________________________

   Suffix: ____________________________

   [ ] Change of Grantee Institution

   * Name of former institution:

3. Inventions and Patents  (For renewal applications only)

   * Inventions and Patents: [ ] Yes  [ ] No

   If the answer is "Yes" then please answer the following:

   * Previously Reported: [ ] Yes  [ ] No
**4. Program Income**

Is program income anticipated during the periods for which the grant support is requested?

☐ Yes  ☐ No

If you checked "yes" above (indicating that program income is anticipated), then use the format below to reflect the amount and source(s). Otherwise, leave this section blank.

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

**5. Assurances/Certifications (see instructions)**

In agreeing to the assurances/certification section 18 on the SF424 (R&R) form, the authorized organizational representative agrees to comply with the policies, assurances and/or certifications listed in the agency's application guide, when applicable. Descriptions of individual assurances/certifications are provided at: http://grants.nih.gov/grants/funding/424

If unable to certify compliance, where applicable, provide an explanation and attach below:

Explaination: ________________________________
PHS 398 Cover Letter

OMB Number: 0925-0001
Expiration Date: 9/30/2007

*Mandatory Cover Letter Filename: ____________________________

Applicants are encouraged to include a cover letter with the application. The cover letter is only for internal agency use and will not be shared with peer reviewers. The letter should contain any of the following information that applies to the application:

1. Application title.
2. Funding Opportunity (PA or RFA) title of the NIH initiative.
3. Request of an assignment (referral) to a particular awarding component(s) or Scientific Review Group (SRG). The PHS makes the final determination.
4. List of people (e.g., competitors) who should not review your application and why.
5. Disciplines involved, if multidisciplinary.

Statement that you have attached any required agency approval documentation for the type of application submitted. This may include approval for applications $500,000 or more, approval for Conference Grant or Cooperative Agreement (R13 or U13), etc. Two types of approval documentation are cited as examples in item 5 above: NIH IC approval for an application $500,000 or more and NIH institute approval for a Conference Grant or Cooperative Agreement application (R13 or U13). To attach the approval documents to this submission, please append those referenced documents to your Cover Letter File, and upload as one attachment.

For late applications (see Late Application policy in Section 2.14) include an explanation of the delay as part of the cover letter attachment. When submitting a Changed/Corrected Application after the submission date, a cover letter is required explaining the reason for the Changed/Corrected Application. If you already submitted a cover letter with a previous submission and are now submitting a Changed/Corrected Application, you must include all previous cover letter text in the revised cover letter attachment. The system does not retain any previously submitted cover letters until after an application is verified; therefore, you must repeat all information previously submitted in the cover letter as well as any additional information.
# PHS 398 Modular Budget, Periods 1 and 2

Modular budgets are applicable to certain research grant applications requesting $250,000 or less per year for direct costs. Note, consortium/contractual F&A costs are not factored into the direct cost limit. They may be requested in addition to the $250,000 limit. For further information, see [http://grants.nih.gov/grants/funding/modular/modular.htm](http://grants.nih.gov/grants/funding/modular/modular.htm) and [http://grants.nih.gov/grants/funding/modular/modular_review.htm](http://grants.nih.gov/grants/funding/modular/modular_review.htm).

Expiration Date: 9/20/2007

## Budget Period: 1

If submission uses standard application receipt dates, see [http://grants1.nih.gov/grants/funding/submissionschedule.htm](http://grants1.nih.gov/grants/funding/submissionschedule.htm) for earliest possible start date.

| Reset Entries | Start Date: 12/01/2007 | End Date: 11/30/2008 |

### A. Direct Costs

| * Direct Costless Consortium F&A | 250,000.00 |
| Consortium F&A | 0.00 |
| * Total Direct Costs | 250,000.00 |

### B. Indirect Costs

<table>
<thead>
<tr>
<th>Indirect Cost Type</th>
<th>Indirect Cost Rate (%)</th>
<th>Indirect Cost Base ($)</th>
<th>* Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Modified Total Direct Costs (if off-campus rate, indicate here)</td>
<td>46.5</td>
<td>250,000.00</td>
<td>116,250.00</td>
</tr>
<tr>
<td>2. Include the appropriate rate</td>
<td>Base for calculating F&amp;A costs requested.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Contact your SPA for assistance.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Cognizant Agency (Agency Name, POC Name and Phone Number): DHHS, Henry Williams, (214) 767-3411

Indirect Cost Rate Agreement Date: 6/23/08

Total Indirect Costs: 116,250.00

### C. Total Direct and Indirect Costs (A + B)

| Funds Requested ($) | 366,250.00 |

## Budget Period: 2

| Reset Entries | Start Date: 12/01/2008 | End Date: 11/30/2009 |

### A. Direct Costs

| * Direct Costless Consortium F&A | 250,000.00 |
| Consortium F&A | 0.00 |
| * Total Direct Costs | 250,000.00 |

### B. Indirect Costs

<table>
<thead>
<tr>
<th>Indirect Cost Type</th>
<th>Indirect Cost Rate (%)</th>
<th>Indirect Cost Base ($)</th>
<th>* Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Modified Total Direct Costs</td>
<td>46.5</td>
<td>250,000.00</td>
<td>116,250.00</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
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<tr>
<td>3.</td>
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<tr>
<td>4.</td>
<td></td>
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</tr>
</tbody>
</table>

Cognizant Agency (Agency Name, POC Name and Phone Number): DHHS, Henry Williams, (214) 767-3411

Indirect Cost Rate Agreement Date: 6/23/08

Total Indirect Costs: 116,250.00

### C. Total Direct and Indirect Costs (A + B)

| Funds Requested ($) | 366,250.00 |
# PHS 398 Modular Budget, Periods 3 and 4

**Budget Period: 3**

<table>
<thead>
<tr>
<th>Indirect Cost Type</th>
<th>Indirect Cost Rate (%)</th>
<th>Indirect Cost Base ($)</th>
<th>* Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modified Total Direct Costs</td>
<td>46.5</td>
<td>250,000.00</td>
<td>116,250.00</td>
</tr>
</tbody>
</table>

**Indirect Costs**

**Indirect Cost Rate Agreement Date: 6/23/08**

**Total Indirect Costs: 116,250.00**

**C. Total Direct and Indirect Costs (A + B)**

Funds Requested ($) 366,250.00

---

**Budget Period: 4**

<table>
<thead>
<tr>
<th>Indirect Cost Type</th>
<th>Indirect Cost Rate (%)</th>
<th>Indirect Cost Base ($)</th>
<th>* Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modified Total Direct Costs</td>
<td>46.5</td>
<td>250,000.00</td>
<td>116,250.00</td>
</tr>
</tbody>
</table>

**Indirect Costs**

**Indirect Cost Rate Agreement Date: 6/23/08**

**Total Indirect Costs: 116,250.00**

**C. Total Direct and Indirect Costs (A + B)**

Funds Requested ($) 366,250.00
# PHS 398 Modular Budget, Period 5 and Cumulative

**Budget Period:** 5  
**Start Date:** 12/01/2011  
**End Date:** 11/30/2012  
**Expiration Date:** 9/30/2007  
**OMB Number:** 0925-0001

## A. Direct Costs

<table>
<thead>
<tr>
<th>Direct Cost Type</th>
<th>Indirect Cost Rate (%)</th>
<th>Indirect Cost Base ($)</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Costless Consortium F&amp;A</td>
<td>46.5</td>
<td>250,000.00</td>
<td>118,250.00</td>
</tr>
<tr>
<td>Consortium F&amp;A</td>
<td>0.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Total Direct Costs</td>
<td></td>
<td></td>
<td>250,000.00</td>
</tr>
</tbody>
</table>

## B. Indirect Costs

<table>
<thead>
<tr>
<th>Indirect Cost Type</th>
<th>Indirect Cost Rate (%)</th>
<th>Indirect Cost Base ($)</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Modified Total Direct Costs</td>
<td>46.5</td>
<td>250,000.00</td>
<td>118,250.00</td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
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<tr>
<td>3.</td>
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<tr>
<td>4.</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Cognizant Agency (Agency Name, POC Name and Phone Number):** DHHS, Henry Williams, (214) 767-3411

**Indirect Cost Rate Agreement Date:** 6/23/08  
**Total Indirect Costs:** 118,250.00

## C. Total Direct and Indirect Costs (A + B)

| Funds Requested ($) | 368,250.00 |

**Cumulative Budget Information**

### 1. Total Costs, Entire Project Period

- **Section A, Total Direct Costless Consortium F&A for Entire Project Period:** $1,250,000.00
- **Section A, Total Consortium F&A for Entire Project Period:** $0.00
- **Section A, Total Direct Costs for Entire Project Period:** $1,250,000.00
- **Section B, Total Indirect Costs for Entire Project Period:** $581,250.00
- **Section C, Total Direct and Indirect Costs (A+B) for Entire Project Period:** $1,831,250.00

### 2. Budget Justifications

- **Personnel Justification:** Personnel Justification.pdf
- **Consortium Justification:** Consortium Justification.pdf
- **Additional Narrative Justification:** Additional Narrative Justification.pdf
Personnel Justification

List all personnel, including names, number of person months devoted to the project (indicate academic, calendar, and/or summer) and roles on the project. Do not provide individual salary information. Since the modules should be a reasonable estimate of costs allowable, allocable, and appropriate for the proposed project, you must use the current legislatively imposed salary limitation when estimating the number of modules. For guidance on current salary limitations contact your office of sponsored programs.

NIH grants also limit the compensation for graduate students. Compensation includes salary or wages, fringe benefits, and tuition remission. This limit should also be used when estimating the number of modules. See: http://grants.nih.gov/grants/guide/notice-files/NOT-OD-02-017.html.

OUHSC specifics to include:

Travel will be reimbursed at actual and reasonable expense.

If there are GRAs in the budget:
Health insurance is required for all students by OUHSC, but the University does not fund it.
Consortium Justification

Provide an estimate of total costs (direct plus facilities and administrative) for each year, rounded to the nearest $1,000. List the individuals/organizations with whom consortium or contractual arrangements have been made, along with all personnel, including percent of effort (in person months) and roles on the project. Do not provide individual salary information. Indicate whether the collaborating institution is foreign or domestic. While only the direct cost for a consortium/contractual arrangement is factored into eligibility for using the modular budget format, the total consortium/contractual costs must be included in the overall requested modular direct cost amount.
Additional Narrative Justification

If the requested budget requires any additional justification, such as variations in the number of modules requested, save this information in a single file in a location you remember. Click Add Attachment, browse to where you saved the file, select the file, and then click Open.
The R&R Budget component includes three separate data entry screens: (1) Sections A and B; (2) Sections C through E; and (3) Sections F through K. To navigate between the various screens, use the "Previous" and "Next" buttons at the top of the form. Complete the R&R Budget component following the instructions provided. You must complete a separate detailed budget for each year of support requested. The form will generate a cumulative budget for the total project period. You must check all the required information (i.e., those fields that are highlighted and noted with an "*"), before the "Next Period" button is activated. If no funds are requested for a required field, enter "0." If funds are being requested for more than one budget period, click the "Next Period" button at the top of the third budget screen (Sections F through K) to navigate to screens for the next budget period.
RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 1

* ORGANIZATIONAL DUN: 87664284
* Budget Type: [ ] Project  [ ] Subaward/Consortium
Enter name of Organization: University of Oklahoma Health Sciences C

* Start Date:  * End Date:  Budget Period: 1

(If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the)

C. Equipment Description

List items and dollar amount for each item exceeding $6,000

<table>
<thead>
<tr>
<th>Equipment Item</th>
<th>Funds Requested ($)</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
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<td>2.</td>
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<td>5.</td>
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<td>6.</td>
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<td>7.</td>
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<td>8.</td>
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<td>9.</td>
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<td>10.</td>
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</tbody>
</table>

11. Total funds requested for all equipment listed in the attached file

   Total Equipment

Additional Equipment:  

D. Travel

1. Domestic Travel Costs (incl. Canada, Mexico and U.S. Possessions)
2. Foreign Travel Costs

   Total Travel Cost

E. Participant/Trainee Support Costs

1. Tuition/fees/Health Insurance
2. Stipends
3. Travel
4. Subsistence
6. Other

Number of Participants/Trainees  Total Participant/Trainee Support Costs

OMB Number: 4680-0031
Expiration Date: 04/30/2008
**RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 1**

*** ORGANIZATIONAL DUNS: 878848294

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

Enter name of Organization: University of Oklahoma Health Sciences Center

[ ] Reset Entries * Start Date: * End Date: Budget Period: 1

(If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the)

**F. Other Direct Costs**

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.
9.
10.

**Total Other Direct Costs**

**G. Direct Costs**

**Total Direct Costs (A thru F)**

**H. Indirect Costs**

<table>
<thead>
<tr>
<th>Indirect Cost Type</th>
<th>Indirect Cost Rate (%)</th>
<th>Indirect Cost Base ($)</th>
<th>Funds Requested ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<td>2.</td>
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<td>3.</td>
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<td>4.</td>
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</tbody>
</table>

**Total Indirect Costs**

Cognizant Federal Agency: DHHS, Henry Williams, (214)767-3411

(Agency Name, POC Name, and POC Phone Number)

**I. Total Direct and Indirect Costs**

**Total Direct and Indirect Institutional Costs (G + H)**

**J. Fee**

**Funds Requested ($)**

**K. *Budget Justification**

(Only attach one file.)
# RESEARCH & RELATED BUDGET - Cumulative Budget

<table>
<thead>
<tr>
<th>Section A, Senior/Key Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section B, Other Personnel</td>
</tr>
<tr>
<td>Total Number Other Personnel</td>
</tr>
<tr>
<td>Total Salary, Wages and Fringe Benefits (A+B)</td>
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<tr>
<td>Section C, Equipment</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Section D, Travel</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Domestic</td>
</tr>
<tr>
<td>2. Foreign</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section E, Participant/Trainee Support Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Tuition/Fees/Health Insurance</td>
</tr>
<tr>
<td>2. Stipends</td>
</tr>
<tr>
<td>3. Travel</td>
</tr>
<tr>
<td>4. Subsistence</td>
</tr>
<tr>
<td>5. Other</td>
</tr>
<tr>
<td>6. Number of Participants/Trainees</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section F, Other Direct Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Materials and Supplies</td>
</tr>
<tr>
<td>2. Publication Costs</td>
</tr>
<tr>
<td>3. Consultant Services</td>
</tr>
<tr>
<td>4. ADP/Computer Services</td>
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<tr>
<td>5. Subawards/Consortium/Contractual Costs</td>
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<tr>
<td>6. Equipment or Facility Rental/User Fees</td>
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<td>7. Alterations and Renovations</td>
</tr>
<tr>
<td>8. Other 1</td>
</tr>
<tr>
<td>9. Other 2</td>
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<tr>
<td>10. Other 3</td>
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<table>
<thead>
<tr>
<th>Section G, Direct Costs (A thru F)</th>
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</table>

<table>
<thead>
<tr>
<th>Section H, Indirect Costs</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Section I, Total Direct and Indirect Costs (G + H)</th>
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</table>

<table>
<thead>
<tr>
<th>Section J, Fee</th>
</tr>
</thead>
</table>

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OMB Number: 4040-0001
Expiration Date: 04/30/2008
R&R SUBAWARD BUDGET ATTACHMENT(S) FORM

Instructions: On this form, you will attach the R&R Subaward Budget files for your grant application. Complete the subawardee budget(s) in accordance with the R&R budget instructions. Please remember that any files you attach must be a Pure Edge document.

Click here to extract the R&R Subaward Budget Attachment

Important: Please attach your subawardee budget file(s) with the file name of the subawardee organization. Each file name must be unique.

<table>
<thead>
<tr>
<th>1) Please attach Attachment 1</th>
<th>ABCUniv.xfd</th>
<th>Add Attachment</th>
<th>Delete Attachment</th>
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</tr>
</thead>
<tbody>
<tr>
<td>2) Please attach Attachment 2</td>
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<td>3) Please attach Attachment 3</td>
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<td>4) Please attach Attachment 4</td>
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<td>5) Please attach Attachment 5</td>
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<td>10) Please attach Attachment 10</td>
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</tbody>
</table>

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