



You do not need to provide CDEA information if the fields are blank. The correct data will automatically be assigned by the appropriate awarding agency.

on Package

Opportunity Title:	Research Project Grant (Parent R01)
Offering Agency:	National Institutes of Health
CFDA Number:	
CFDA Description:	
Opportunity Number:	PA-11-260
Competition ID:	ADOBE-FORMS-B2
Opportunity Open Date:	08/12/2011
Opportunity Close Date:	09/07/2014
Agency Contact:	Grants Info Grants Information E-mail: GrantsInfo@nih.gov Phone: 301-435-0714

This electronic grants application is intended to be used to apply for the specific Federal funding opportunity referenced here.

If the Federal funding opportunity listed is not the opportunity for which you want to apply, close this application package by clicking on the "Cancel" button at the top of this screen. You will then need to locate the correct Federal funding opportunity, download its application and then apply.

Be sure to check the Opportunity Number to ensure you are applying for the correct funding announcement!

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:

Mandatory Documents

Only the documents you move to this side of the page will be submitted to the sponsor.

Move Form to Complete

Move Form to Delete

Mandatory Documents for Submission

SF424 (R & R)
Project/Performance Site Location(s)
Research And Related Other Project Information
Research And Related Senior/Key Person Profile
PHS 398 Cover Page Supplement
PHS 398 Checklist
PHS 398 Research Plan

Optional Documents

PHS Cover Letter
R & R Subaward Budget Attachment(s) Form 5 YR 3

Submit either the Modular Budget or the Research & Related Budget. Do not choose both!

Move Form to Submission List

Move Form to Delete

Optional Documents for Submission

PHS 398 Modular Budget
Research & Related Budget

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 "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.
- 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 and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
 - All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.
- 3 Click the "Save & Submit" button to submit your application to Grants.gov.**
 - Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
 - Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
 - The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
 - You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.

Leave the information in boxes 2 and 3 blank.

OMB Number: 4040-0001
Expiration Date: 06/30/2011

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

3. DATE RECEIVED BY STATE

State Application Identifier

4. a. Federal Identifier

b. Agency Routing Identifier

This information is only provided if you are submitting a Resubmission, Renewal or Revision application.

1. * TYPE OF SUBMISSION

☐ Pre-application ☐ Application ☐ Changed/Corrected Application

2. DATE SUBMITTED

Applicant Identifier

5. APPLICANT INFORMATION

* Organizational DUNS: 0410963140000

* Legal Name: University of Colorado Denver

Department:

Division:

* Street1: Mail Stop F428, Anschutz Medical Campus

Street2: Building 500, 13001 East 17th Place, Room W1126

* City: Aurora

County / Parish:

* State: CO: Colorado

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 80045-2571

Person to be contacted on matters involving this application

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

* Phone Number: 3037240090

Fax Number: 3037240814

Email: xenia@ucdenver.edu

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): 1846000555A7

7. * TYPE OF APPLICANT: H: Public/State Controlled Institution of Higher Education

Other (Specify):

Small Business Organization Type

☐ Women Owned

☐ Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION:

☐ New ☐ Resubmission

☐ Renewal ☐ Continuation ☐ Revision

If Revision, mark appropriate box(es).

☐ A. Increase Award

☐ B. Decrease Award

☐ C. Increase Duration

☐ D. Decrease Duration

☐ E. Other (specify):

* Is this application being submitted to other agencies?

Yes ☐ No ☐

What other Agencies?

9. * NAME OF FEDERAL AGENCY:

National Institutes of Health

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

TITLE:

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:

12. PROPOSED PROJECT:

* Start Date

* Ending Date

* 13. CONGRESSIONAL DISTRICT OF APPLICANT

CO-006

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: * First Name: Middle Name:

* Last Name: Suffix:

Position/Title:

* Organization Name:

Department:

Division:

* Street1:

Street2:

* City:

County / Parish:

* State: CO: Colorado

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Co

* Phone Number:

Fax Number:

* Email:

You may need to change these fields to accurately reflect your address, phone number(s) and e-mail.

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

Page 2

When you complete your budget proposal, enter total project costs in both 15a and 15c. Enter "0" in 15b and 15d unless the FOA requires cost-sharing or Program Income is anticipated.

15. ESTIMATED PROJECT FUNDING a. Total Federal Funds Requested <input style="width: 150px;" type="text"/> b. Total Non-Federal Funds <input style="width: 150px;" type="text"/> c. Total Federal & Non-Federal Funds <input style="width: 150px;" type="text"/> d. Estimated Program Income <input style="width: 150px;" type="text"/>	16. * IS APPLICATION AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: a. YES <input type="checkbox"/> DATE: <input style="width: 100px;" type="text"/> b. NO <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW				
17. 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) <input checked="" type="checkbox"/> * I agree <small>* 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.</small>					
18. SFLLL or other Explanatory Documentation <input style="width: 400px;" type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>					
19. Authorized Representative Prefix: <input style="width: 50px;" type="text"/> * First Name: <input style="width: 250px;" type="text"/> Middle Name: <input style="width: 150px;" type="text"/> * Last Name: <input style="width: 450px;" type="text"/> Suffix: <input style="width: 80px;" type="text"/> * Position/Title: <input style="width: 350px;" type="text"/> * Organization: <input style="width: 450px;" type="text"/> Department: <input style="width: 150px;" type="text"/> Division: <input style="width: 150px;" type="text"/> * Street1: <input style="width: 400px;" type="text"/> Street2: <input style="width: 400px;" type="text"/> * City: <input style="width: 150px;" type="text"/> County / Parish: <input style="width: 150px;" type="text"/> * State: <input style="width: 150px;" type="text"/> Province: <input style="width: 100px;" type="text"/> * Country: <input style="width: 150px;" type="text"/> USA: UNITED STATES * ZIP / Postal Code: <input style="width: 100px;" type="text"/> * Phone Number: <input style="width: 100px;" type="text"/> Fax Number: <input style="width: 100px;" type="text"/> * Email: <input style="width: 350px;" type="text"/> <table style="width: 100%;"> <tr> <td style="width: 50%; text-align: center;">* Signature of Authorized Representative</td> <td style="width: 50%; text-align: center;">* Date Signed</td> </tr> <tr> <td style="text-align: center;"><input style="width: 450px;" type="text"/></td> <td style="text-align: center;"><input style="width: 350px;" type="text"/></td> </tr> </table>		* Signature of Authorized Representative	* Date Signed	<input style="width: 450px;" type="text"/>	<input style="width: 350px;" type="text"/>
* Signature of Authorized Representative	* Date Signed				
<input style="width: 450px;" type="text"/>	<input style="width: 350px;" type="text"/>				
20. Pre-application <input style="width: 300px;" type="text"/> <input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>					

Unless specifically requested in your Funding Announcement, the pre-application option is not used by NIH and other PHS agencies.

Project/Performance Site Location(s)

Project/Performance Site Primary Location

☐ I am submitting an application as an individual, local or tribal government, academia, or other t

Do not enter OGC information in this section! Rather, identify the location where the work will be performed.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City:

County:

* State:

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code:

* Project/ Performance Site Congressional District:

Project/Performance Site Location 1

☐ I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.

Organization Name:

DUNS Number:

* Street1:

Street2:

* City:

County:

* State:

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code:

* Project/ Performance Site Congressional District:

Additional Location(s)

Add Attachment

Delete Attachment

View Attachment

RESEARCH & RELATED Other Project Information

1. * Are Human Subjects Involved?

☐ Yes ☐ No

If you check the "Yes" box, remember to answer the rest of the questions and provide all the information requested!

1.a If YES to Human Subjects

Is the Project Exempt from Federal regulations? ☐ Yes ☐ No

If yes, check appropriate exemption number. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6

If no, is the IRB review Pending? ☐ Yes ☐ No

IRB Approval Date:

Human Subject Assurance Number:

If you answered "yes" to Human Subjects, enter 00005070.

2. * Are Vertebrate Animals Used?

☐ Yes ☐ No

If you check the "Yes" box, remember to answer the rest of the questions and provide all the information requested!

2.a. If YES to Vertebrate Animals

Is the IACUC review Pending? ☐ Yes ☐ No

IACUC Approval Date:

Animal Welfare Assurance Number

If you answered "yes" to Vertebrate Animals, enter A3269-01.

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. * Is the research performance site designated, or eligible to be designated, as a historic place?

☐ Yes ☐ No

5.a. If yes, please explain:

6. * Does this project involve activities outside of the United States or partnerships with international collaborators?

☐ Yes ☐ No

6.a. If yes, identify countries:

6.b. Optional Explanation:

7. * Project Summary/Abstract

Add Attachment

Delete Attachment

View Attachment

8. * Project Narrative

Add Attachment

Delete Attachment

View Attachment

9. Bibliography & References Cited

Add Attachment

Delete Attachment

View Attachment

10. Facilities & Other Resources

Add Attachment

Delete Attachment

View Attachment

11. Equipment

Add Attachment

Delete Attachment

Clicking on the blank field for any of these documents will open instructions on how to complete them!

12. Other Attachments

Add Attachments

Delete Attachments

View Attachments

☐

Unless the Funding Announcement provides otherwise, "Project Summary", "Project Narrative", "Bibliography & References Cited" and "Facilities & Other Resources" documents are required! As such, you should always review "Section IV. Application and Submission Information" of your specific Funding Announcement for special application requirements!

All attachments MUST be in *.pdf format!

Valid file names may only include the following characters: A-Z, a-z, 0-9, underscore (_), hyphen (-), space () and period (.). Grants.gov states that applications with documents that include any other characters in their file names will be rejected!

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Project Director/Principal Investigator	
Prefix: <input type="text"/>	* First Name: <input type="text"/> Middle Name: <input type="text"/>
* Last Name: <input type="text"/>	Suffix: <input type="text"/>
Position/Title: <input type="text"/>	Department: <input type="text"/>
Organization Name: <input type="text"/> Division: <input type="text"/>	
* Street1: <input type="text"/>	
Street2: <input type="text"/>	
* City: <input type="text"/>	County/ Parish: <input type="text"/>
* State: <input type="text" value="CO: Colorado"/>	Province: <input type="text"/>
* Country: <input type="text" value="USA: UNITED STATES"/>	* Zip / Postal Code: <input type="text"/>
* Phone Number: <input type="text"/>	Fax Number: <input type="text"/>
* E-Mail: <input type="text"/>	
Credential, e.g., agency login: <input type="text"/>	
* Project Role: <input type="text" value="PD/PI"/>	Other Project Role Category: <input type="text"/>
Degree Type: <input type="text"/>	
Degree Year: <input type="text"/>	
* Attach Biographical Sketch <input type="text"/>	Add Attachment <input type="button"/>
Attach Current & Pending Support <input type="text"/>	Add Attachment <input type="button"/>

PI's **must** provide their eRA Commons Username. Contact OGC at xenia@ucdenver if you need to register with eRA Commons.

Click on the blank field to open instructions on how to complete the biographical sketch.

PROFILE - Senior/Key Person 1	
Prefix: <input type="text"/>	* First Name: <input type="text"/>
* Last Name: <input type="text"/>	
Position/Title: <input type="text"/>	Department: <input type="text"/>
Organization Name: <input type="text"/>	
* Street1: <input type="text"/>	
Street2: <input type="text"/>	
* City: <input type="text"/>	County/ Parish: <input type="text"/>
* State: <input type="text"/>	Province: <input type="text"/>
* Country: <input type="text" value="USA: UNITED STATES"/>	
* Phone Number: <input type="text"/>	Fax Number: <input type="text"/>
* E-Mail: <input type="text"/>	
Credential, e.g., agency login: <input type="text"/>	
* Project Role: <input type="text"/>	Other Project Role Category: <input type="text"/>
Degree Type: <input type="text"/>	
Degree Year: <input type="text"/>	
* Attach Biographical Sketch <input type="text"/>	Add Attachment <input type="button"/>
Attach Current & Pending Support <input type="text"/>	Add Attachment <input type="button"/>

All attachments MUST be in *.pdf format!
Valid file names may only include the following characters: A-Z, a-z, 0-9, underscore (_), hyphen (-), space () and period (.). Grants.gov states that applications with documents that include any other characters in their file names will be rejected!

NIH does not use the Co-PI role. If there are multiple PI's, all PI's must be assigned the PI role, and a Multiple PD/PI Leadership Plan must be uploaded as part of the PHS 398 Research Plan. Need help assigning a Project Role? Click on the Project Role blank field for a Senior/Key Personnel Worksheet.

Applying for a Mentored K Award? Click on the Current & Pending Support blank field to view instructions and the Current & Pending Support requirements for Mentors and Co-Mentors.

Delete Entry

To ensure proper performance of this form; after adding 20 additional Senior/ Key Person Profiles, click on the Reader, and reopen it.

1. Project Director / Principal Investigator (PD/PI)

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

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:

Middle Name:

* Last Name:

Suffix:

* Phone Number: Fax Number:

Email:

* Title:

* Street1:

Street2:

* City:

County/Parish:

* State:

Province:

* Country: * Zip / Postal Code:

PHS 398 Cover Page Supplement

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/research/registry/>. 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.

[illegible]

PHS 398 Research Plan

1. Application Type:

From SF 424 (R&R) Cover Page. The response provided on that page, regarding reference, as you attach the appropriate sections of the Research Plan.

*Type of Application:

☐ New ☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Unless the Funding Announcement provides otherwise, "Specific Aims" and "Research Strategy" documents are required! As such, you should always review "Section IV. Application and Submission Information" of your specific Funding Announcement for special application requirements! Click on the blank field to open the instructions for any of these documents.

2. Research Plan Attachments:

Please attach applicable sections of the research plan, below.

1. Introduction to Application

(for RESUBMISSION or REVISION only)

2. Specific Aims

3. *Research Strategy

4. Inclusion Enrollment Report

5. Progress Report Publication List

Add Attachment

Add Attachment

Add Attachment

Add Attachment

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If your research involves human subjects, and Exemption 4 does not apply, ALL of the "Human Subjects Sections" documents must be attached! You may also have to provide the "Protection of Human Subjects" document if your research involves human specimens and/or data from human subjects. Click on the blank field to open the instructions for any of these documents.

Human Subjects Sections

6. Protection of Human Subjects

7. Inclusion of Women and Minorities

8. Targeted/Planned Enrollment Table

9. Inclusion of Children

Add Attachment

Add Attachment

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Delete Attachment

View Attachment

Other Research Plan Sections

10. Vertebrate Animals

11. Select Agent Research

12. Multiple PD/PI Leadership Plan

13. Consortium/Contractual Arrangements

14. Letters of Support

15. Resource Sharing Plan(s)

Add Attachment

Add Attachment

Add Attachment

Add Attachment

Add Attachment

Add Attachment

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If your proposal involves any of these subject areas, more than likely you are required to submit a corresponding document. Additionally, always check the Funding Announcement! If it requires an attachment, you should provide a document even if that document merely details how the request is not applicable to your project. Click on the blank field to open the instructions for any of these documents.

16. Appendix

Add Attachments

Remove Attachments

View Attachments

Reminder! All attachments MUST be in *.pdf format!

Valid file names may only include the following characters: A-Z, a-z, 0-9, underscore (_), hyphen (-), space () and period (.). Grants.gov states that applications with documents that include any other characters in their file names will be rejected!

PHS 398 Checklist

OMB Number: 0925-0001

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 PHS398.

* Type of Application:

☐ New ☐ Resubmission ☐ Renewal ☐ Continuation ☐ Revision

Federal Identifier:

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.

*Budget Period *Anticipated Amount (\$)

*Source(s)

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

5. * Disclosure Permission Statement

If this application does not result in an award, is the Government permitted to disclose the title of your proposed project, and the name, address, telephone number and e-mail address of the official signing for the applicant organization, to organizations that may be interested in contacting you for further information (e.g., possible collaborations, investment)?

☐ Yes ☐ No

Modular Budget Guidelines

The Modular Budget can only be used in R01, R03, R15, R21, and R34 applications.

* * * *

The Modular Budget cannot be used if you are requesting more than \$250,000 in direct costs.

* * * *

Consortium F&A costs are not factored into the \$250,000 direct cost limit, and may be requested in addition to the \$250,000 direct cost limit.

* * * *

Total direct costs are requested in \$25,000 increments (termed, "modules").

* * * *

No future year escalations are permitted.

* * * *

Modular budgets are simplified. Accordingly, the budget justification generally only includes information concerning personnel, consortium agreements, and/or exclusions applied to the F&A base calculation.

* * * *

Typically, the same number of modules are requested for each year of a project. Any variation in the number of modules requested between years should be justified in the "Additional Narrative" justification.



Start date should be the same as that on the first page of the SF424 form.

PHS 398 Modular Budget

OMB Number: 0925-0001

Budget Period: 1

Start Date: End Date:

A. Direct Costs

Enter the amount of direct costs, less consortium F&A, in \$25,000 increments.

	Funds Requested (\$)
Direct Cost less Consortium F&A	<input type="text" value="0.00"/>
Consortium F&A	<input type="text"/>
Total Direct Costs	<input type="text" value="0.00"/>

B. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
1.	Modified Total Direct Costs	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Click on "Modified Total Direct Costs" to view UCD's F&A rate sheet.

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

Indirect Cost Rate Agreement Date

Total Indirect Costs

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

Funds Requested (\$)

Budget Period: 2

Start Date: End Date:

A. Direct Costs

Enter the amount of direct costs, less consortium F&A, in \$25,000 increments.

	Funds Requested (\$)
Direct Cost less Consortium F&A	<input type="text" value="0.00"/>
Consortium F&A	<input type="text"/>
Total Direct Costs	<input type="text" value="0.00"/>

B. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
1.	Modified Total Direct Costs	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Click on "Modified Total Direct Costs" to view UCD's F&A rate sheet.

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

Indirect Cost Rate Agreement Date

Total Indirect Costs

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

Funds Requested (\$)

PHS 398 Modular Budget

Budget Period: 3			
Start Date:		End Date:	
A. Direct Costs		Funds Requested (\$)	
<div style="border: 1px solid blue; padding: 5px; display: inline-block;">Enter the amount of direct costs, less consortium F&A, in \$25,000 increments.</div>		Direct Cost less Consortium F&A	0.00
		Consortium F&A	
		Total Direct Costs	0.00
B. Indirect Costs			
	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)
1.	Modified Total Direct Costs		
2.			
3.			
4.			
Cognizant Agency (Agency Name, POC Name and Phone Number)		DHHS, Wally Chan, (415) 437-7829	
Indirect Cost Rate Agreement Date		11/16/2011	
		Total Indirect Costs	
C. Total Direct and Indirect Costs (A + B)		Funds Requested (\$)	
		0.00	

Budget Period: 4			
Start Date:		End Date:	
A. Direct Costs		Funds Requested (\$)	
<div style="border: 1px solid blue; padding: 5px; display: inline-block;">Enter the amount of direct costs, less consortium F&A, in \$25,000 increments.</div>		Direct Cost less Consortium F&A	0.00
		Consortium F&A	
		Total Direct Costs	0.00
B. Indirect Costs			
	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)
1.	Modified Total Direct Costs		
2.			
3.			
4.			
Cognizant Agency (Agency Name, POC Name and Phone Number)		DHHS, Wally Chan, (415) 437-7829	
Indirect Cost Rate Agreement Date		11/16/2011	
		Total Indirect Costs	
C. Total Direct and Indirect Costs (A + B)		Funds Requested (\$)	
		0.00	

PHS 398 Modular Budget

Budget Period: 5					
Start Date: <input style="width: 100px;" type="text"/>		End Date: <input style="width: 100px;" type="text"/>			
A. Direct Costs		Enter the amount of direct costs, less consortium F&A, in \$25,000 increments.		Funds Requested (\$)	
				Direct Cost less Consortium F&A <input style="width: 100px;" type="text" value="0.00"/>	
				Consortium F&A <input style="width: 100px;" type="text"/>	
				Total Direct Costs <input style="width: 100px;" type="text" value="0.00"/>	
B. Indirect Costs		Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
		1. Modified Total Direct Costs	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
		2. <input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
		3. <input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
		4. <input style="width: 100px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>	<input style="width: 50px;" type="text"/>
Cognizant Agency (Agency Name, POC Name and Phone Number)		DHHS, Wally Chan, (415) 437-7829			
Indirect Cost Rate Agreement Date		11/16/2011		Total Indirect Costs <input style="width: 100px;" type="text"/>	
C. Total Direct and Indirect Costs (A + B)					Funds Requested (\$) <input style="width: 100px;" type="text" value="0.00"/>

Cumulative Budget Information		
1. Total Costs, Entire Project Period		
Section A, Total Direct Cost less Consortium F&A for Entire Project Period	\$	<input style="width: 100px;" type="text" value="0.00"/>
Section A, Total Consortium F&A for Entire Project Period	\$	<input style="width: 100px;" type="text"/>
Section A, Total Direct Costs for Entire Project Period	\$	<input style="width: 100px;" type="text" value="0.00"/>
Section B, Total Indirect Costs for Entire Project Period	\$	<input style="width: 100px;" type="text"/>
Section C, Total Direct and Indirect Costs (A+B) for Entire Project Period	\$	<input style="width: 100px;" type="text" value="0.00"/>
2. Budget Justifications		
Personnel Justification	<input style="width: 150px;" type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete"/>
Consortium Justification	<input style="width: 150px;" type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete"/>
Additional Narrative Justification	<input style="width: 150px;" type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete"/>

This amount should be entered into 15a and 15c on the SF424 form. Want to go there now? Click on the blank field corresponding to Section C. Total Direct and Indirect Costs.

Clicking on the blank field for any of these documents will open instructions on how to complete these documents.

Reminder! All attachments MUST be in *.pdf format!

Valid file names may only include the following characters: A-Z, a-z, 0-9, underscore (_), hyphen (-), space () and period (.). Grants.gov states that applications with documents that include any other characters in their file names will be rejected!

Research & Related (R&R) Detail Budget Guidelines

A separate detailed budget must be prepared for each year of the proposed project.

* * * *

To enter the information for the next budget period, click on the "Next Period" button at the top of the third budget screen (Sections F through K). All required information in a specific year (i.e., fields highlighted in yellow, outlined in red, and noted with an asterisk) must be completed before the "Next Period" button is activated.

* * * *

All dollar fields should be entered in whole numbers, (i.e., round figures to the nearest dollar -- no cents!)

* * * *

Current F&A and Fringe Benefits Rates information can be found on the OGC website.

* * * *

Each consortium grantee organization must submit its own complete R&R Detail Budget, including the budget justification.



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

* ORGANIZATIONAL DUNS: 0410963140000

* Budget Type: ☐ Project ☐ Subaward/Consortium

Enter name of Organization: University of Colorado Denver

* Start Date: * End Date: Budget Period 1

Click on "Fringe Benefits" to view UCD's Fringe Benefit rate sheet.

A. Senior/Key Person

All senior/key UCD personnel should be included in this section, unless they are Other Significant Contributors not committing measurable effort.

Base salary information should reflect the current annual UCD salary for that employee's appointment, subject to the NIH salary cap. Why? Click on the blank "Base Salary" field for UCD & NIH policies.

	Prefix	* First Name	Mid	Suffix	* Project Role	Base Salary (\$)	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)
1.					PD/PI							
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9.	Total Funds requested for all Senior Key Persons in the attached file											
											Total Senior/Key Person	

Additional Senior Key Persons:

Attachment

View Attachment

B. Other Personnel

* Number of Personnel	* Project Role	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)
<input type="text"/>	Post Doctoral Associates	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Graduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Undergraduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Secretarial/Clerical	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>			

Click on "Fringe Benefits" to view UCD's Fringe Benefit rate sheet.

Close Form

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

* ORGANIZATIONAL DUNS: 0410963140000

* Budget Type: ☐ Project ☐ Subaward/Consortium

Enter name of Organization: University of Colorado Denver

* Start Date: * End Date: Budget Period 1

C. Equipment Description

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

	Equipment item	* Funds Requested (\$)
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>
11.	Total funds requested for all equipment listed in the attached file	<input type="text"/>
	Total Equipment	<input type="text"/>

Additional Equipment:

Add Attachment

Delete Attachment

View Attachment

D. Travel

	Funds Requested (\$)
1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	<input type="text"/>
2. Foreign Travel Costs	<input type="text"/>
Total Travel Cost	<input type="text"/>

E. Participant/Trainee Support Costs

	Funds Requested (\$)
1. Tuition/Fees/Health Insurance	<input type="text"/>
2. Stipends	<input type="text"/>
3. Travel	<input type="text"/>
4. Subsistence	<input type="text"/>
5. Other <input type="text"/>	<input type="text"/>
<input type="text"/> Number of Participants/Trainees	Total Participant/Trainee Support Costs <input type="text"/>

Leave this section blank unless your specific Funding Announcement states otherwise. Tuition Remission costs should be included in "Section F. Other Direct Costs" on the next page.

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

Close Form

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

* ORGANIZATIONAL DUNS: 0410963140000

* Budget Type: ☐ Project ☐ Subaward/Consortium

Enter name of Organization: University of Colorado Denver

* Start Date: * End Date: Budget Period 1

F. Other Direct Costs

Funds Requested (\$)

1. Materials and Supplies	<input type="text"/>
2. Publication Costs	<input type="text"/>
3. Consultant Services	<input type="text"/>
4. ADP/Computer Services	<input type="text"/>
5. Subawards/Consortium/Contractual Costs	<input type="text"/>
6. Equipment or Facility Rental/User Fees	<input type="text"/>
7. Alterations and Renovations	<input type="text"/>
8. <input type="text"/>	<input type="text"/>
9. <input type="text"/>	<input type="text"/>
10. <input type="text"/>	<input type="text"/>

Total Other Direct Costs

G. Direct Costs

Funds Requested (\$)

Total Direct Costs (A thru F)

Click on "Modified Total Direct Costs" to view UCD's F&A rate sheet.

H. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	Modified Total Direct Costs	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Indirect Costs

Cognizant Federal Agency DHHS, Wally Chan, (415) 437-7829

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

I. Total Direct and Indirect Costs

Funds Requested (\$)

Total Direct and Indirect Institutional Costs (G + H)

J. Fee

Funds Requested (\$)

K. * Budget Justification

Add Attachment

Delete Attachment

View Attachment

(Only attach one file.)

Click on the blank field to view a document entitled "R and R Budget Justification Instructions". It is designed to be an easy-to-use matrix that memorializes the requirements of the budget justification as detailed in the SF424. **Remember! PDF Files Only!**

RESEARCH & RELATED BUDGET - Cumulative Budget

	Totals (\$)
Section A, Senior/Key Person	<input type="text"/>
Section B, Other Personnel	<input type="text"/>
Total Number Other Personnel	<input type="text"/>
Total Salary, Wages and Fringe Benefits (A+B)	<input type="text"/>
Section C, Equipment	<input type="text"/>
Section D, Travel	<input type="text"/>
1. Domestic	<input type="text"/>
2. Foreign	<input type="text"/>
Section E, Participant/Trainee Support Costs	<input type="text"/>
1. Tuition/Fees/Health Insurance	<input type="text"/>
2. Stipends	<input type="text"/>
3. Travel	<input type="text"/>
4. Subsistence	<input type="text"/>
5. Other	<input type="text"/>
6. Number of Participants/Trainees	<input type="text"/>
Section F, Other Direct Costs	<input type="text"/>
1. Materials and Supplies	<input type="text"/>
2. Publication Costs	<input type="text"/>
3. Consultant Services	<input type="text"/>
4. ADP/Computer Services	<input type="text"/>
5. Subawards/Consortium/Contractual Costs	<input type="text"/>
6. Equipment or Facility Rental/User Fees	<input type="text"/>
7. Alterations and Renovations	<input type="text"/>
8. Other 1	<input type="text"/>
9. Other 2	<input type="text"/>
10. Other 3	<input type="text"/>
Section G, Direct Costs (A thru F)	<input type="text"/>
Section H, Indirect Costs	<input type="text"/>
Section I, Total Direct and Indirect Costs (G + H)	<input type="text"/>
Section J, Fee	<input type="text"/>

← This amount should be entered into 15a and 15c of the SF424 form. Want to go there now? Click on the blank field for Section I. Total Direct and Indirect Costs!