Grant Application Package

Opportunity Title:	Research Project Grant (Parent R01)
Offering Agency:	National Institutes of Health
CFDA Number:	
CFDA Description:	
Opportunity Number:	PA-13-302
Competition ID:	FORMS-C
Opportunity Open Date:	08/07/2013
Opportunity Close Date:	09/07/2016
Agency Contact:	eRA Commons Help Desk Monday to Friday 7 am to 8 pm ET http://grants.nih.gov/support/

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:	Haggard R01 July 2014

Select Forms to Complete

Mandatory

SF424 (R & R)

PHS 398 Research Plan

PHS 398 Cover Page Supplement

Research and Related Senior/Key Person Profile (Expanded)

Research And Related Other Project Information

Project/Performance Site Location(s)

Optional

☒ PHS 398 Modular Budget

☐ Planned Enrollment Report

☐ PHS 398 Cumulative Inclusion Enrollment Report

☐ Research & Related Budget

☐ R & R Subaward Budget Attachment(s) Form 5 YR 30 ATT

Instructions

Show Instructions >>

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

3. DATE RECEIVED BY STATE	**State Application Identifier**

1. TYPE OF SUBMISSION

☐ Pre-application   ☐ Application   ☒ Changed/Corrected Application

4. a. Federal Identifier	1R01AR066050-01
b. Agency Routing Identifier	

2. DATE SUBMITTED   Applicant Identifier

c. Previous Grants.gov Tracking ID   GRANT11694053

5. APPLICANT INFORMATION

Organizational DUNS: 055688857

Legal Name: University of Memphis

Department: Biomedical Engineering   Division:

Street1: Administration Building 315

Street2:

City: Memphis   County / Parish:

State: TN: Tennessee   Province:

Country: USA: UNITED STATES   ZIP / Postal Code: 38152-3370

Person to be contacted on matters involving this application

Prefix: First Name: Janet   Middle Name:

Last Name: Wiens   Suffix:

Position/Title: Senior Sponsored Programs Administrator

Street1: Administration Building 315

Street2:

City: Memphis   County / Parish:

State: TN: Tennessee   Province:

Country: USA: UNITED STATES   ZIP / Postal Code: 38152-3370

Phone Number: 901-678-5071   Fax Number:

Email: grantsubmissions@memphis.edu

6. EMPLOYER IDENTIFICATION (EIN) or (TIN): 62-0648618

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:

If Revision, mark appropriate box(es).

☐ New   ☒ Resubmission   ☐ A. Increase Award ☐ B. Decrease Award ☐ C. Increase Duration ☐ D. Decrease Duration

☐ Renewal   ☐ Continuation   ☐ Revision   ☐ 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:

Investigating a Flexible, Degradable, Local Antimicrobial Delivery System

12. PROPOSED PROJECT:

Start Date: 04/01/2015   Ending Date: 03/31/2020

13. CONGRESSIONAL DISTRICT OF APPLICANT

TN-009

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION

Prefix: Dr. First Name: Warren Middle Name: O

Last Name: Haggard Suffix: Ph.D

Position/Title: Chair of Excellence, Associate Dean

Organization Name: University of Memphis

Department: Biomedical Engineering Division:

Street1: Herff College of Engineering

Street2: 328D Engineering Technology Building

City: Memphis County / Parish:

State: TN: Tennessee Province:

Country: USA: UNITED STATES ZIP / Postal Code: 38152-3370

Phone Number: 901-678-4346 Fax Number:

Email: whaggrd1@memphis.edu

15. ESTIMATED PROJECT FUNDING

a. Total Federal Funds Requested   1,734,655.00

b. Total Non-Federal Funds   0.00

c. Total Federal & Non-Federal Funds   1,734,655.00

d. Estimated Program Income   0.00

16. 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

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)

☒ **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.

18. SFLLL (Disclosure of Lobbying Activities) or other Explanatory Documentation

[Add Attachment] [Delete Attachment] [View Attachment]

19. Authorized Representative

Prefix: First Name: Janet Middle Name:

Last Name: Wiens Suffix:

Position/Title: Senior Sponsored Programs Administrator

Organization: University of Memphis

Department: Office of Research Support Division:

Street1: Administration Building 315

Street2:

City: Memphis County / Parish:

State: TN: Tennessee Province:

Country: USA: UNITED STATES ZIP / Postal Code: 38152-3370

Phone Number: 901-678-5071 Fax Number:

Email: grantsubmissions@memphis.edu

Signature of Authorized Representative	Date Signed
Janet Wiens	07/02/2014

20. Pre-application [Add Attachment] [Delete Attachment] [View Attachment]

21. Cover Letter Attachment Haggard_R01_CoverLetter.pdf [Add Attachment] [Delete Attachment] [View Attachment]

PHS 398 Research Plan

Please attach applicable sections of the research plan, below.

1. Introduction to Application (for RESUBMISSION or REVISION only)	Haggard_R01_resub_INTRODUCT	Add Attachment	Delete Attachment	View Attachment
2. Specific Aims	Haggard_R01_SpecificAims_fi	Add Attachment	Delete Attachment	View Attachment
3. *Research Strategy	Haggard_R01_ResearchPlan_fi	Add Attachment	Delete Attachment	View Attachment
4. Progress Report Publication List		Add Attachment	Delete Attachment	View Attachment

Human Subjects Sections

5. Protection of Human Subjects		Add Attachment	Delete Attachment	View Attachment
6. Inclusion of Women and Minorities		Add Attachment	Delete Attachment	View Attachment
7. Inclusion of Children		Add Attachment	Delete Attachment	View Attachment

Other Research Plan Sections

8. Vertebrate Animals	Haggard_R01_Vertebrate_Anim	Add Attachment	Delete Attachment	View Attachment
9. Select Agent Research		Add Attachment	Delete Attachment	View Attachment
10. Multiple PD/PI Leadership Plan		Add Attachment	Delete Attachment	View Attachment
11. Consortium/Contractual Arrangements	ConsortiumLetters_Haggard_N	Add Attachment	Delete Attachment	View Attachment
12. Letters of Support	Letters_of_Collaboration.pd	Add Attachment	Delete Attachment	View Attachment
13. Resource Sharing Plan(s)	Haggard_R01_ResourceSharing	Add Attachment	Delete Attachment	View Attachment

Appendix (if applicable)

14. Appendix	Add Attachments	Remove Attachments	View Attachments

PHS 398 Cover Page Supplement

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

Prefix: Dr.

*First Name: Warren

Middle Name: O

*Last Name: Haggard

Suffix: Ph.D

2. Human Subjects

Clinical Trial? ☒ No ☐ Yes

*Agency-Defined Phase III Clinical Trial? ☐ No ☐ Yes

3. *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

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)

PHS 398 Cover Page Supplement

5. 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.

6. 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 ☐

7. 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:

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Project Director/Principal Investigator

Prefix: Dr.   * First Name: Warren   Middle Name: O

* Last Name: Haggard   Suffix: Ph.D

Position/Title: Chair of Excellence, Associate Dean   Department: Biomedical Engineering

Organization Name: University of Memphis   Division:

* Street1: Herff College of Engineering

Street2: 328D Engineering Technology Building

* City: Memphis   County/ Parish:

* State: TN: Tennessee   Province:

* Country: USA: UNITED STATES   * Zip / Postal Code: 38152-3370

* Phone Number: 901-678-4346   Fax Number:

* E-Mail: whaggrd1@memphis.edu

Credential, e.g., agency login: WHAGGRD1

* **Project Role:** PD/PI   **Other Project Role Category:**

Degree Type: PhD

Degree Year: 1994

*Attach Biographical Sketch   Biosketch_Haggard.pdf   [Add Attachment] [Delete Attachment] [View Attachment]

Attach Current & Pending Support   [Add Attachment] [Delete Attachment] [View Attachment]

PROFILE - Senior/Key Person 1

Prefix: Dr.   * First Name: Joel   Middle Name: D

* Last Name: Bumgardner   Suffix: Ph.D

Position/Title: Professor   Department: Biomedical Engineering

Organization Name: University of Memphis   Division:

* Street1: 321C Engineering Technology Building

Street2:

* City: Memphis   County/ Parish:

* State: TN: Tennessee   Province:

* Country: USA: UNITED STATES   * Zip / Postal Code: 38152-3370

* Phone Number: 901-678-5243   Fax Number:

* E-Mail: jbmgrdnr@memphis.edu

Credential, e.g., agency login: JBUMGARD

* **Project Role:** Co-Investigator   **Other Project Role Category:**

Degree Type: PhD

Degree Year: 1994

Attach Biographical Sketch   Biosketch_Bumgardner.pdf   [Add Attachment] [Delete Attachment] [View Attachment]

Attach Current & Pending Support   [Add Attachment] [Delete Attachment] [View Attachment]

[Delete Entry]   [Next Person]

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Senior/Key Person 2

Prefix: Dr. * First Name: Jessica Middle Name: Amber

* Last Name: Jennings Suffix: Ph.D

Position/Title: Research Associate Professor Department: Biomedical Engineering

Organization Name: University of Memphis Division:

* Street1: 324 Engineering Technology Building

Street2:

* City: Memphis County/ Parish:

* State: TN: Tennessee Province:

* Country: USA: UNITED STATES * Zip / Postal Code: 38152-3370

* Phone Number: 901-678-3152 Fax Number:

* E-Mail: jjnnings@memphis.edu

Credential, e.g., agency login: JJNNINGS

* **Project Role:** Co-Investigator **Other Project Role Category:**

Degree Type: PhD

Degree Year: 2007

Attach Biographical Sketch Biosketch_Jennings.pdf [Add Attachment] [Delete Attachment] [View Attachment]

Attach Current & Pending Support [Add Attachment] [Delete Attachment] [View Attachment]

[Delete Entry] [Next Person]

PROFILE - Senior/Key Person 3

Prefix: Dr. * First Name: Mark Middle Name:

* Last Name: Smeltzer Suffix: Ph.D

Position/Title: Professor Department: Microbiology & Immunology

Organization Name: University of Arkansas for Medical Sciences Division:

* Street1: 4301 Markam Street, #511

Street2:

* City: Little Rock County/ Parish:

* State: AR: Arkansas Province:

* Country: USA: UNITED STATES * Zip / Postal Code: 72205-7199

* Phone Number: 501-686-5154 Fax Number:

* E-Mail: SmeltzerMark@uams.edu

Credential, e.g., agency login: smeltzermarks

* **Project Role:** Co-Investigator **Other Project Role Category:**

Degree Type: PhD

Degree Year: 1990

Attach Biographical Sketch Biosketch_Smeltzer.pdf [Add Attachment] [Delete Attachment] [View Attachment]

Attach Current & Pending Support [Add Attachment] [Delete Attachment] [View Attachment]

[Delete Entry] [Next Person]

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Senior/Key Person 4

Prefix: Dr.   * First Name: Harry   Middle Name:

* Last Name: Courtney   Suffix: Ph.D

Position/Title: Professor   Department: Medicine

Organization Name: University of Tennessee Health Science Center   Division:

* Street1: 956 Court Avenue, H308

Street2:

* City: Memphis   County/ Parish:

* State: TN: Tennessee   Province:

* Country: USA: UNITED STATES   * Zip / Postal Code: 38163-0000

* Phone Number: 901-523-8990   Fax Number:

* E-Mail: hcourtney@uthsc.edu

Credential, e.g., agency login: hcourtney

*** Project Role:** Co-Investigator   **Other Project Role Category:**

Degree Type: PhD

Degree Year: 1985

Attach Biographical Sketch   Biosketch_Courtney.pdf   [Add Attachment] [Delete Attachment] [View Attachment]

Attach Current & Pending Support   [Add Attachment] [Delete Attachment] [View Attachment]

[Delete Entry]   [Next Person]

PROFILE - Senior/Key Person 5

Prefix: Dr.   * First Name: Tracy   Middle Name:

* Last Name: Watson   Suffix: M.D.

Position/Title: Chief, Orthopaedic Traumatology   Department: Orthopaedic Surgery

Organization Name: Saint Louis University   Division: School of Medicine

* Street1: 3635 Vista Avenue

Street2: 7th Floor, Desloge Towers

* City: St. Louis   County/ Parish:

* State: MO: Missouri   Province:

* Country: USA: UNITED STATES   * Zip / Postal Code: 63110-0000

* Phone Number: 314-577-8850   Fax Number:

* E-Mail: watsonjt@slu.edu

Credential, e.g., agency login:

*** Project Role:** Consultant   **Other Project Role Category:**

Degree Type: MD

Degree Year: 1981

Attach Biographical Sketch   Biosketch_Watson.pdf   [Add Attachment] [Delete Attachment] [View Attachment]

Attach Current & Pending Support   [Add Attachment] [Delete Attachment] [View Attachment]

[Delete Entry]   [Next Person]

RESEARCH & RELATED Senior/Key Person Profile (Expanded)

PROFILE - Senior/Key Person 6

Prefix: Mr.   * First Name: George   Middle Name:

* Last Name: Relyea   Suffix:

Position/Title: Research Assistant Professor   Department: Epidemiology and Biostatistics

Organization Name: University of Memphis   Division:

* Street1: 116 Browning Hall

Street2:

* City: Memphis   County/ Parish:

* State: TN: Tennessee   Province:

* Country: USA: UNITED STATES   * Zip / Postal Code: 38152-3370

* Phone Number: 901-678-1716   Fax Number:

* E-Mail: grelyea@memphis.edu

Credential, e.g., agency login:

* Project Role: Other Professional   Other Project Role Category: Statistician

Degree Type: MS

Degree Year: 1982

Attach Biographical Sketch	Haggard_R01_Biosketch_Relyea	Add Attachment	Delete Attachment	View Attachment
Attach Current & Pending Support		Add Attachment	Delete Attachment	View Attachment

Delete Entry   Next Person

PROFILE - Senior/Key Person 7

Prefix: Dr.   * First Name: William   Middle Name: Michael

* Last Name: Mihalko   Suffix: M.D.

Position/Title: Director and Professor   Department: Orthopaedic Surgery

Organization Name: University of Tennessee Health Science Center   Division: College of Medicine

* Street1: 956 Court Avenue, Suite E226

Street2:

* City: Memphis   County/ Parish: Shelby

* State: TN: Tennessee   Province:

* Country: USA: UNITED STATES   * Zip / Postal Code: 38163-0000

* Phone Number: 901-448-5880   Fax Number: 901-448-7387

* E-Mail: wmihalko@uthsc.edu

Credential, e.g., agency login: wmm4nnih

* Project Role: Consultant   Other Project Role Category:

Degree Type: MD

Degree Year: 1993

Attach Biographical Sketch	Biosketch_Mihalko.pdf	Add Attachment	Delete Attachment	View Attachment
Attach Current & Pending Support		Add Attachment	Delete Attachment	View Attachment

Delete Entry   Next Person

To ensure proper performance of this form; after adding 20 additional Senior/ Key Persons; please save your application, close the Adobe Reader, and reopen it.

RESEARCH & RELATED Other Project Information

1. Are Human Subjects Involved? ☐ Yes ☒ No

  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: [   ]

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: [A-3919-01]

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

4.a. Does this Project Have an Actual or Potential Impact - positive or negative - 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 [Haggard_R01_ProjectSummary_June2014.p] [Add Attachment] [Delete Attachment] [View Attachment]

8. Project Narrative [Haggard_R01_ProjectNarrative_June2014] [Add Attachment] [Delete Attachment] [View Attachment]

9. Bibliography & References Cited [Haggard_R01_References.pdf] [Add Attachment] [Delete Attachment] [View Attachment]

10. Facilities & Other Resources [Haggard_R01_Facilities_June2014.pdf] [Add Attachment] [Delete Attachment] [View Attachment]

11. Equipment [Haggard_R01_Equipment_June2014.pdf] [Add Attachment] [Delete Attachment] [View Attachment]

12. Other Attachments [Add Attachments] [Delete Attachments] [View Attachments] ☐

Project/Performance Site Location(s)

Project/Performance Site Primary Location   ☐ 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: University of Memphis

DUNS Number: 0556888570000

* Street1: Herff College of Engineering

Street2: 328D Engineering Technology Building

* City: Memphis   County:

* State: TN: Tennessee

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 38152-3370   * Project/ Performance Site Congressional District: TN-009

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: University of Tennessee Health Science Center

DUNS Number:

* Street1: College of Medicine

Street2: 1030 Jefferson Avenue

* City: Memphis   County:

* State: TN: Tennessee

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 38104-0000   * Project/ Performance Site Congressional District: TN-009

Project/Performance Site Location 2   ☐ 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: University of Arkansas for Medical Sciences

DUNS Number: 1224525630000

* Street1: 4301 Markham Street, #511

Street2:

* City: Little Rock   County:

* State: AR: Arkansas

Province:

* Country: USA: UNITED STATES

* ZIP / Postal Code: 72205-7190   * Project/ Performance Site Congressional District: AR-002

Additional Location(s)   [Add Attachment] [Delete Attachment] [View Attachment]

PHS 398 Modular Budget

OMB Number: 0925-0001

Budget Period: 1

Start Date: 04/01/2015   End Date: 03/31/2016

A. Direct Costs

	Funds Requested ($)
Direct Cost less Consortium F&A	250,000.00
Consortium F&A	6,500.00
Total Direct Costs	256,500.00

B. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base ($)	Funds Requested ($)
1.	MTDC	42.00	166,230.00	69,817.00
2.				
3.				
4.				

Cognizant Agency (Agency Name, POC Name and Phone Number)   U.S. DHHS, Matthew Dito, 214-767-3261

Indirect Cost Rate Agreement Date 04/04/2014

Total Indirect Costs 69,817.00

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

Funds Requested ($) 326,317.00

Budget Period: 2

Start Date: 04/01/2016   End Date: 03/31/2017

A. Direct Costs

	Funds Requested ($)
Direct Cost less Consortium F&A	250,000.00
Consortium F&A	16,951.00
Total Direct Costs	266,951.00

B. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base ($)	Funds Requested ($)
1.	MTDC	42.00	209,742.00	88,092.00
2.				
3.				
4.				

Cognizant Agency (Agency Name, POC Name and Phone Number)   U.S. DHHS, Matthew Dito, 214-767-3261

Indirect Cost Rate Agreement Date 04/04/2014

Total Indirect Costs 88,092.00

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

Funds Requested ($) 355,043.00

PHS 398 Modular Budget

Budget Period: 3

Start Date: 04/01/2017   End Date: 03/31/2018

A. Direct Costs

	Funds Requested ($)
Direct Cost less Consortium F&A	250,000.00
Consortium F&A	31,568.00
Total Direct Costs	281,568.00

B. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base ($)	Funds Requested ($)
1.	MTDC	42.00	143,488.00	60,265.00
2.				
3.				
4.				

Cognizant Agency (Agency Name, POC Name and Phone Number)   U.S. DHHS, Matthew Dito, 214-767-3261

Indirect Cost Rate Agreement Date 04/04/2014

Total Indirect Costs 60,265.00

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

Funds Requested ($) 341,833.00

Budget Period: 4

Start Date: 04/01/2018   End Date: 03/31/2019

A. Direct Costs

	Funds Requested ($)
Direct Cost less Consortium F&A	250,000.00
Consortium F&A	47,505.00
Total Direct Costs	297,505.00

B. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base ($)	Funds Requested ($)
1.	MTDC	42.00	139,024.00	58,390.00
2.				
3.				
4.				

Cognizant Agency (Agency Name, POC Name and Phone Number)   U.S. DHHS, Matthew Dito, 214-767-3261

Indirect Cost Rate Agreement Date 04/04/2014

Total Indirect Costs 58,390.00

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

Funds Requested ($) 355,895.00

PHS 398 Modular Budget

Budget Period: 5	
Start Date: 04/01/2019	End Date: 03/31/2020

A. Direct Costs

	Funds Requested ($)
Direct Cost less Consortium F&A	250,000.00
Consortium F&A	48,502.00
Total Direct Costs	298,502.00

B. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base ($)	Funds Requested ($)
1.	MTDC	42.00	135,868.00	57,065.00
2.				
3.				
4.				

Cognizant Agency (Agency Name, POC Name and Phone Number): U.S. DHHS, Matthew Dito, 214-767-3261

Indirect Cost Rate Agreement Date: 04/04/2014

Total Indirect Costs: 57,065.00

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

Funds Requested ($): 355,567.00

Cumulative Budget Information

1. Total Costs, Entire Project Period

Section A, Total Direct Cost less Consortium F&A for Entire Project Period	$ 1,250,000.00
Section A, Total Consortium F&A for Entire Project Period	$ 151,026.00
Section A, Total Direct Costs for Entire Project Period	$ 1,401,026.00
Section B, Total Indirect Costs for Entire Project Period	$ 333,629.00
Section C, Total Direct and Indirect Costs (A+B) for Entire Project Period	$ 1,734,655.00

2. Budget Justifications

Personnel Justification	Haggard_R01_PersonnelJustifica	Add Attachment	Delete Attachment	View Attachment
Consortium Justification	Haggard_R01_ConsortiumJustific	Add Attachment	Delete Attachment	View Attachment
Additional Narrative Justification	Haggard_R01_AdditionalJustific	Add Attachment	Delete Attachment	View Attachment