

# PHS 398 Modular Budget, Periods 1 and 2

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

## Budget Period: 1

 Start Date: 

 End Date: 

### A. Direct Costs

	<b>* Funds Requested (\$)</b>
* Direct Cost less Consortium F&A	250,000.00
Consortium F&A	13,750.00
<b>* Total Direct Costs</b>	<b>263,750.00</b>

### B. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input type="text" value="MTDC"/>	<input type="text" value="55"/>	<input type="text" value="245,000.00"/>	<input type="text" value="134,750.00"/>
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"/>

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

 DHHS  
 Name of Regional Negotiator  
 Phone Number of Regional Negotiator

 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

	<b>* Funds Requested (\$)</b>
* Direct Cost less Consortium F&A	250,000.00
Consortium F&A	13,750.00
<b>* Total Direct Costs</b>	<b>263,750.00</b>

### B. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input type="text" value="MTDC"/>	<input type="text" value="55"/>	<input type="text" value="225,000.00"/>	<input type="text" value="123,750.00"/>
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"/>

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

 DHHS  
 Name of Regional Negotiator  
 Phone Number of Regional Negotiator

 Indirect Cost Rate Agreement Date 

 Total Indirect Costs 

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

 Funds Requested (\$)

# PHS 398 Modular Budget, Periods 3 and 4

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

## Budget Period: 3

 Start Date: 

 End Date: 

### A. Direct Costs

\* Funds Requested (\$)

* Direct Cost less Consortium F&A	<input type="text" value="250,000.00"/>
Consortium F&A	<input type="text" value="13,750.00"/>
<b>* Total Direct Costs</b>	<b><input type="text" value="263,750.00"/></b>

### B. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input type="text" value="MTDC"/>	<input type="text" value="55"/>	<input type="text" value="225,000.00"/>	<input type="text" value="123,750.00"/>
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"/>

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

  
 Name of Regional Negotiator  
 Phone Number of Regional Negotiator

 Indirect Cost Rate Agreement Date 

Total Indirect Costs

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

Funds Requested (\$)

## Budget Period: 4

 Start Date: 

 End Date: 

### A. Direct Costs

\* Funds Requested (\$)

* Direct Cost less Consortium F&A	<input type="text" value="250,000.00"/>
Consortium F&A	<input type="text" value="13,750.00"/>
<b>* Total Direct Costs</b>	<b><input type="text" value="263,750.00"/></b>

### B. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input type="text" value="MTDC"/>	<input type="text" value="55"/>	<input type="text" value="225,000.00"/>	<input type="text" value="123,750.00"/>
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"/>

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

  
 Name of Regional Negotiator  
 Phone Number of Regional Negotiator

 Indirect Cost Rate Agreement Date 

Total Indirect Costs

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

Funds Requested (\$)

# PHS 398 Modular Budget, Period 5 and Cumulative

OMB Number: 0925-0001

Expiration Date: 9/30/2007

**Budget Period: 5**

Start Date:

End Date:

**A. Direct Costs**

\* Funds Requested (\$)

* Direct Cost less Consortium F&A		250,000.00
Consortium F&A		13,750.00
<b>* Total Direct Costs</b>		<b>263,750.00</b>

**B. Indirect Costs**

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	MTDC	55	22,500.00	123,750.00
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"/>

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

DHHS  
 Name of Regional Negotiator  
 Phone Number of Regional Negotiator

Indirect Cost Rate Agreement Date

Total Indirect Costs

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

Funds Requested (\$)

**Cumulative Budget Information**

**1. Total Costs, Entire Project Period**

* Section A, Total Direct Cost less Consortium F&A for Entire Project Period	\$	<input type="text" value="1,250,000.00"/>
Section A, Total Consortium F&A for Entire Project Period	\$	<input type="text" value="68,750.00"/>
* Section A, Total Direct Costs for Entire Project Period	\$	<input type="text" value="1,318,750.00"/>
* Section B, Total Indirect Costs for Entire Project Period	\$	<input type="text" value="629,750.00"/>
* Section C, Total Direct and Indirect Costs (A+B) for Entire Project Period	\$	<input type="text" value="1,948,500.00"/>

**2. Budget Justifications**

Personnel Justification	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
Consortium Justification	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
Additional Narrative Justification	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>