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View: Select Optional Forms

Application Filing Name:

Following forms are optional, Please select any that you wish to include in your application:

Form name

PHS Cover Letter V1.2

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

Research & Related Budget V1.1

Following forms are required:

DisplayName

PHS 398 Checklist V1.3

PHS 398 Cover Page Supplement V1.4

PHS 398 Research Plan V1.3

Project/Performance Site Location(s) V1.4

Research & Related Other Project Information V1.3

Research And Related Senior/Key Person Profile (Expanded) V1.2

SF424 (R & R) V1.2

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

1. *Type of Submission: Application	
2. Date Submitted: 3. Date Received by State: 4.a. Federal Identifier:	Applicant Identifier: 13-PAF06086 State Application Identifier: b. Agency Routing Number:
5. APPLICANT INFORMATION *Organizational DUNS: 073133571 *Legal Name: Regents of the University of Michigan Department: _____ Division: _____ *Street 1: 3003 S. State St Street 2: _____ *City: Ann Arbor County: Washtenaw State: MI: Michigan Province: _____ *Country: USA: UNITED STATES Zip/Postal Code: 481091274	
Person to be contacted on matters involving this application Prefix: Ms. *First Name: Therese Middle Name: G *Last Name: Maxwell Suffix: _____ *Phone Number: 734-764-7246 Fax Number: _____ Email: tmax@umich.edu	
6. *EMPLOYER IDENTIFICATION (EIN) or (TIN): 38-6006309 8. *TYPE OF APPLICATION: New If Revision, make appropriate choice: Other (specify): _____ *Is this application being submitted to other agencies? <input type="radio"/> Yes <input checked="" type="radio"/> No What other Agencies? _____	7. *TYPE OF APPLICANT: H: Public/State Controlled Institution of Higher Education Other (Specify): Small Business Organization Type Women Owned: <input type="checkbox"/> Socially and Economically Disadvantaged: <input type="checkbox"/> 9. *NAME OF FEDERAL AGENCY: National Institutes of Health 10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER TITLE:
11. *DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Admin Shell Training 05/08/13	
12. *PROPOSED PROJECT: Start Date: 12/1/2014 End Date: 11/30/2019	13. *CONGRESSIONAL DISTRICTS OF APPLICANT: MI-012
14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION Prefix: Dr. *First Name: Blu Middle Name: _____ *Last Name: Berry Suffix: _____ Position/Title: Professor *Organization: Regents of the University of Michigan Department: Psychiatry Division: Medical School *Street 1: 1301 Catherine Street Street 2: _____ *City: Ann Arbor County: _____ State: MI: Michigan Province: _____ *Country: USA: UNITED STATES Zip/Postal Code: 48109-1210 *Phone: 734-763-4272 Fax: _____ *Email: hmills@umich.edu	

SF 424 (R&R) APPLICATION FOR FEDERAL ASSISTANCE

15. ESTIMATED PROJECT FUNDING *a. Total Federal Funds Requested: \$3,358,140.00 *b. Total Non-Federal Funds: \$0.00 *c. Total Federal & Non-Federal Funds: \$3,358,140.00 *d. Estimated Program Income: \$0.00		16. *IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS: Program is not covered by E.O. 12372 Date:
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 * 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 or Other Explanatory Document:		
19. Authorized Representative Prefix: Mr. *First Name: Daryl Middle Name: C *Last Name: Weinert Suffix: *Position/Title: Associate Vice President for Research *Organization: Regents of the University of Michigan Department: Research & Sponsored Projects Division: *Street 1: 3003 S. State St Street 2: *City: Ann Arbor County: Washtenaw State: MI: Michigan Province: *Country: USA: UNITED STATES Zip/Postal Code: 481091274 *Phone Number: 734-764-7246 Fax Number: *Email: tmax@umich.edu Authorized Representative Date Signed		
20. Pre-application:		

View: Research And Related Senior/Key Person Profile (Expanded) (V1.2)

Research & Related Senior/Key Person (with Expanded) Profile

PROFILE - Project Director/Principal Investigator						
Prefix: Dr.	*First Name: Blu	Middle Name:	*Last Name: Berry	Suffix:		
Position/Title: Professor		Organization: Regents of the University of Michigan				
Department: Psychiatry		Division: Medical School				
*Street 1: 1301 Catherine Street		Street 2:		Province:		
*City: Ann Arbor	County/Parish:	State: MI: Michigan	Zip/Postal Code:	48109-1210		
*Country: USA: UNITED STATES						
*Phone Number: 734-763-0000	Fax Number:		*Email: blu_berry@umich.edu			
Credential, e.g., agency login: blu_berry						
*Project Role: PD/PI		Other Project Role Category:				
Degree Type: Degree Year:						
*Attach Biographical Sketch: Biosketch Instructions.pdf(0.01) Attach Current & Pending Support:						
PROFILE(S) Senior/Key Person 1-39						
<small>com.webridge.layout.ScriptableControlImpl.render(): caught "com.webridge.entity.MethodInvocationException: poRefStr" during HTML generation.com.webridge.layout.InputControlImpl.render(): caught "com.webridge.entity.MethodInvocationException: poRefStr" during HTML generation.</small>						
Last Name	First Name	Department	Title	Project Role	Project Role Category	
View Budd	Rose	Internal Medicine	Associate Professor	PD/PI		
View Lily	Calla	Pathology	Research Investigator	Co-Investigator		
View Robin	Redd	Biostatistics	Professor	Co-Investigator		
ADDITIONAL PROFILE(S)						
ADDITIONAL SENIOR/KEY PERSON PROFILE (S) Additional Biographical Sketch(es) Additional Current and Pending Support(s)						

View: Project/Performance Site Location(s) V1.4

Research & Related 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: Regents of the University of Michigan

DUNS Number: 073133571

***Street 1:** 3003 S. State St

***City:** Ann Arbor

State: [MI: Michigan](#)

Zip/Postal Code: 481091274

Province:

*** Country:** [USA: UNITED STATES](#)

Project/ Performance Site Congressional District: MI-012

Street 2:

County:

Project/Performance Site Location(s) 1-29

Organization Name	Street1	City	ZIP Code
View Wayne State University	42 W. Warren Avenue	Detroit	48202

Additional Locations(s)

View: Research And Related Other Project Information (V1.3)

RESEARCH & RELATED Other Project Information

<p>1. *Are Human Subjects Involved? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>1.a. If YES to Human Subjects</p> <p>Is the Project Exempt from Federal regulations? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>If yes, check appropriate exemption number:</p> <p>If no, is the IRB review Pending? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>IRB Approval Date:</p> <p>Human Subject Assurance Number: 00004969</p>					
<p>2. *Are Vertebrate Animals Used? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>2.a. If YES to Vertebrate Animals</p> <p>Is the IACUC review Pending? <input checked="" type="radio"/> Yes <input type="radio"/> No</p> <p>IACUC Approval Date:</p> <p>Animal Welfare Assurance Number: A3114-01</p>					
<p>3. *Is proprietary/privileged information included in the application? <input type="radio"/> Yes <input checked="" type="radio"/> No</p>					
<p>4.a. *Does this Project have an Actual or Potential Impact - positive or negative - on the environment? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>4.b. If yes, please explain:</p> <p>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? <input type="radio"/> Yes <input type="radio"/> No</p> <p>4.d. If yes, please explain:</p>					
<p>5. *Is the research performance site designated, or eligible to be designated, as a historic place? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>5.a. If yes, please explain:</p>					
<p>6. *Does this project involve activities outside the United States or partnerships with international collaborators? <input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>6.a. If yes, identify countries:</p> <p>6.b. Optional Explanation:</p>					
<p>7. Project Summary/Abstract:</p> <p>8. Project Narrative:</p> <p>9. Bibliography & References Cited:</p> <p>10. Facilities & Other Resources: Facilities and Resources Instructions.pdf(0.01)</p> <p>11. Equipment:</p> <p>12. Other Attachments:</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td colspan="2">There are no items to display</td> </tr> </tbody> </table>		Name	Description	There are no items to display	
Name	Description				
There are no items to display					

View: SF424 R&R Budget - SECTION A & B, BUDGET PERIOD 1

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

* **Organizational DUNS:** 073133571
 * **Budget Type:** Project
 * **Name of Organization:** Regents of the University of Michigan
 * **Number of Budget Periods:** 5

Start Date: 12/1/2014 **End Date:** 11/30/2015

A. Senior/Key Person

Pre. First Name	Middle Name	Last Name	Suffix	Project Role	Base Salary (\$)	Cal. Months	Acad. Months	Sum. Months	Months Req.	Salary (\$)	Fringe Ben. (\$)	Funds Req. (\$)
1. Dr.	Blue	Berry		PD/PI	\$175,000.00	1.8				\$26,250.00	\$7,875.00	\$34,125.00
2. Dr.	Rose	Budd		PD/PI	\$200,000.00	1.8				\$30,000.00	\$9,000.00	\$39,000.00
3. Dr.	Calla	Lily		Co-Investigator	\$130,000.00		0.45	0.15		\$6,500.00	\$1,950.00	\$8,450.00
4.												\$0.00
5.												\$0.00
6.												\$0.00
7.												\$0.00
8.												\$0.00

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

Total Senior/Key Person: \$81,575.00

Additional Senior Key Persons:

B. Other Personnel

Num. Personnel	Project Role	Cal. Months	Acad. Months	Sum. Months	Req. Salary (\$)	Fringe Ben. (\$)	Funds Req. (\$)
1	Post Doctoral Associates	12			\$50,000.00	\$15,000.00	\$65,000.00
1	Graduate Students	6			\$30,000.00	\$9,000.00	\$39,000.00
0	Undergraduate Students						\$0.00
0	Secretarial/Clerical						\$0.00
1	Research Assistant	9			\$26,250.00	\$7,875.00	\$34,125.00
1	Project Manager	12			\$65,000.00	\$19,500.00	\$84,500.00
0							\$0.00
0							\$0.00
0							\$0.00
0							\$0.00
4	Total Number Other Personnel						
					Total Other Personnel:		\$222,625.00
					Total Salary, Wages and Fringe Benefits (A+B):		\$304,200.00

View: SF424 R&R Budget - SECTION C, D & E, BUDGET PERIOD 1

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

* **Organizational DUNS:** 073133571
 * **Budget Type:** Project
 * **Name of Organization:** Regents of the University of Michigan
 * **Number of Budget Periods:** 5

Start Date: 12/1/2014 **End Date:** 11/30/2015

C. Equipment Description

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

Equipment Item	Funds Requested (\$)
1. Mass Spectrometer	\$120,000.00
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11. Total Funds Requested for all equipment listed in the attached file	
Total Equipment:	\$120,000.00

Additional Equipment:

D. Travel

	Funds Requested (\$)
1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	\$2,000.00
2. Foreign Travel Costs	
Total Travel Costs:	\$2,000.00

E. Participant Trainee Support Costs

	Funds Requested (\$)
1. Tuition/Fees/Health Insurance	
2. Stipends	
3. Travel	
4. Subsistence	
5. Other:	
Number of Participants/Trainees	
Total Participant/Trainee Support Costs:	\$0.00

View: SF424 R&R Budget - SECTION F-K, BUDGET PERIOD 1

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

* **Organizational DUNS:** 073133571
 * **Budget Type:** Project
 * **Name of Organization:** Regents of the University of Michigan
 * **Number of Budget Periods:** 5

Start Date: 12/1/2014 **End Date:** 11/30/2015

F. Other Direct Costs	Funds Requested (\$)
1. Materials and Supplies	\$30,000.00
2. Publication Costs	\$2,000.00
3. Consultant Services	
4. ADP/Computer Services	
5. Subawards/Consortium/Contractual Costs	\$18,240.00
6. Equipment or Facility Rental/User Fees	
7. Alterations and Renovations	
8. Animal Purchase/Care	\$25,000.00
9. Equipment Maintenance	\$5,000.00
10. GSRA Tuition	\$10,620.00
Total Other Direct Costs:	\$90,860.00

G. Direct Costs	Funds Requested (\$)
Total Direct Costs (A thru F):	\$517,060.00

H. Indirect Costs	Funds Requested (\$)
Indirect Cost Type	Indirect Cost Rate (%)
1. Modified Total Direct Costs	55.5
2.	
3.	
4.	
	Indirect Cost Base (\$)
	\$397,060.00
	Funds Requested (\$)
	\$220,368.00
Total Indirect Costs:	\$220,368.00
Cognizant Federal Agency (Agency Name, POC Name, and POC Phone Number):	
Department of Health and Human Services, Kenneth Munson, 312-353-5160/5132	

I. Total Direct and Indirect Costs	Funds Requested (\$)
Total Direct and Indirect Costs (G + H):	\$737,428.00

J. Fee	Funds Requested (\$)

K. Budget Justification [Budget Justification Instructions.pdf\(0.01\)](#)

View: SF424 R&R Budget - SECTION A & B, BUDGET PERIOD 2

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 2

* **Organizational DUNS:** 073133571
 * **Budget Type:** Project
 * **Name of Organization:** Regents of the University of Michigan
 * **Number of Budget Periods:** 5

Start Date: 12/1/2015 **End Date:** 11/30/2016

A. Senior/Key Person

Pre. First Name	Middle Name	Last Name	Suffix	Project Role	Base Salary (\$)	Cal. Months	Acad. Months	Sum. Months	Months Req.	Salary (\$)	Fringe Ben. (\$)	Funds Req. (\$)
1. Dr.	Blue	Berry		PD/PI	\$180,250.00	1.8				\$27,038.00	\$8,111.00	\$35,149.00
2. Dr.	Rose	Budd		PD/PI	\$206,000.00	1.8				\$30,900.00	\$9,270.00	\$40,170.00
3. Dr.	Calla	Lily		Co-Investigator	\$133,900.00		0.45	0.15		\$6,695.00	\$2,009.00	\$8,704.00
4.												\$0.00
5.												\$0.00
6.												\$0.00
7.												\$0.00
8.												\$0.00

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

Total Senior/Key Person: \$84,023.00

Additional Senior Key Persons:

B. Other Personnel

Num. Personnel	Project Role	Cal. Months	Acad. Months	Sum. Months	Req. Salary (\$)	Fringe Ben. (\$)	Funds Req. (\$)
1	Post Doctoral Associates	12			\$51,500.00	\$15,450.00	\$66,950.00
1	Graduate Students	6			\$30,900.00	\$9,270.00	\$40,170.00
0	Undergraduate Students						\$0.00
0	Secretarial/Clerical						\$0.00
1	Research Assistant	9			\$27,038.00	\$8,111.00	\$35,149.00
1	Project Manager	12			\$66,950.00	\$20,085.00	\$87,035.00
0							\$0.00
0							\$0.00
0							\$0.00
0							\$0.00
4	Total Number Other Personnel						\$229,304.00
					Total Other Personnel:		\$229,304.00
					Total Salary, Wages and Fringe Benefits (A+B):		\$313,327.00

View: SF424 R&R Budget - SECTION C, D & E, BUDGET PERIOD 2

RESEARCH & RELATED BUDGET - SECTION C, D & E, BUDGET PERIOD 2

* **Organizational DUNS:** 073133571
 * **Budget Type:** Project
 * **Name of Organization:** Regents of the University of Michigan
 * **Number of Budget Periods:** 5

Start Date: 12/1/2015 **End Date:** 11/30/2016

C. Equipment Description

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

Equipment Item	Funds Requested (\$)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11. Total Funds Requested for all equipment listed in the attached file	
Additional Equipment:	
Total Equipment:	\$0.00

D. Travel

	Funds Requested (\$)
1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	\$2,060.00
2. Foreign Travel Costs	
Total Travel Costs:	\$2,060.00

E. Participant Trainee Support Costs

	Funds Requested (\$)
1. Tuition/Fees/Health Insurance	
2. Stipends	
3. Travel	
4. Subsistence	
5. Other:	
Number of Participants/Trainees	
Total Participant/Trainee Support Costs:	\$0.00

View: SF424 R&R Budget - SECTION F-K, BUDGET PERIOD 2

RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 2

* **Organizational DUNS:** 073133571
 * **Budget Type:** Project
 * **Name of Organization:** Regents of the University of Michigan
 * **Number of Budget Periods:** 5

Start Date: 12/1/2015 **End Date:** 11/30/2016

F. Other Direct Costs	Funds Requested (\$)
1. Materials and Supplies	\$30,900.00
2. Publication Costs	\$2,060.00
3. Consultant Services	
4. ADP/Computer Services	
5. Subawards/Consortium/Contractual Costs	\$18,787.00
6. Equipment or Facility Rental/User Fees	
7. Alterations and Renovations	
8. Animal Care	\$25,750.00
9. Equipment Maintenance	\$5,150.00
10. GSRA Tuition	\$10,939.00
Total Other Direct Costs:	\$93,586.00

G. Direct Costs	Funds Requested (\$)
Total Direct Costs (A thru F):	\$408,973.00

H. Indirect Costs	Funds Requested (\$)		
Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
1. Modified Total Direct Costs	55.5	\$396,945.00	\$220,304.00
2.			
3.			
4.			
Total Indirect Costs:			\$220,304.00
Cognizant Federal Agency (Agency Name, POC Name, and POC Phone Number):			
Department of Health and Human Services, Kenneth Munson, 312-353-5160/5132			

I. Total Direct and Indirect Costs	Funds Requested (\$)
Total Direct and Indirect Costs (G + H):	\$629,277.00

J. Fee	Funds Requested (\$)

K. Budget Justification [Budget Justification Instructions.pdf\(0.01\)](#)

View: SF424 R&R Budget - SECTION A & B, BUDGET PERIOD 3

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 3

* **Organizational DUNS:** 073133571
 * **Budget Type:** Project
 * **Name of Organization:** Regents of the University of Michigan
 * **Number of Budget Periods:** 5

Start Date: 12/1/2016 **End Date:** 11/30/2017

A. Senior/Key Person

Pre. First Name	Middle Name	Last Name	Suffix	Project Role	Base Salary (\$)	Cal. Months	Acad. Months	Sum. Months	Months Req.	Salary (\$)	Fringe Ben. (\$)	Funds Req. (\$)
1. Dr.	Blue	Berry		PD/PI	\$185,658.00	1.8				\$27,849.00	\$8,355.00	\$36,204.00
2. Dr.	Rose	Budd		PD/PI	\$212,180.00	1.8				\$31,827.00	\$9,548.00	\$41,375.00
3. Dr.	Calla	Lily		Co-Investigator	\$137,917.00		0.45	0.15		\$6,896.00	\$2,069.00	\$8,965.00
4.												\$0.00
5.												\$0.00
6.												\$0.00
7.												\$0.00
8.												\$0.00

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

Total Senior/Key Person: \$86,544.00

Additional Senior Key Persons:

B. Other Personnel

Num. Personnel	Project Role	Cal. Months	Acad. Months	Sum. Months	Req. Salary (\$)	Fringe Ben. (\$)	Funds Req. (\$)
1	Post Doctoral Associates	12			\$53,045.00	\$15,914.00	\$68,959.00
1	Graduate Students	6			\$31,827.00	\$9,548.00	\$41,375.00
0	Undergraduate Students						\$0.00
0	Secretarial/Clerical						\$0.00
1	Research Assistant	9			\$27,849.00	\$8,355.00	\$36,204.00
1	Project Manager	12			\$68,959.00	\$20,688.00	\$89,647.00
0							\$0.00
0							\$0.00
0							\$0.00
0							\$0.00
4	Total Number Other Personnel						
					Total Other Personnel:		\$236,185.00
					Total Salary, Wages and Fringe Benefits (A+B):		\$322,729.00

View: SF424 R&R Budget - SECTION C, D & E, BUDGET PERIOD 3

RESEARCH & RELATED BUDGET - SECTION C, D & E, BUDGET PERIOD 3

* **Organizational DUNS:** 073133571
 * **Budget Type:** Project
 * **Name of Organization:** Regents of the University of Michigan
 * **Number of Budget Periods:** 5

Start Date: 12/1/2016 **End Date:** 11/30/2017

C. Equipment Description

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

Equipment Item	Funds Requested (\$)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11. Total Funds Requested for all equipment listed in the attached file	
Total Equipment:	\$0.00
Additional Equipment:	

D. Travel

	Funds Requested (\$)
1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	\$2,122.00
2. Foreign Travel Costs	
Total Travel Costs:	\$2,122.00

E. Participant Trainee Support Costs

	Funds Requested (\$)
1. Tuition/Fees/Health Insurance	
2. Stipends	
3. Travel	
4. Subsistence	
5. Other:	
Number of Participants/Trainees	
Total Participant/Trainee Support Costs:	\$0.00

View: SF424 R&R Budget - SECTION F-K, BUDGET PERIOD 3

RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 3

* **Organizational DUNS:** 073133571
 * **Budget Type:** Project
 * **Name of Organization:** Regents of the University of Michigan
 * **Number of Budget Periods:** 5

Start Date: 12/1/2016 **End Date:** 11/30/2017

F. Other Direct Costs		Funds Requested (\$)
1. Materials and Supplies		\$31,827.00
2. Publication Costs		\$2,122.00
3. Consultant Services		
4. ADP/Computer Services		
5. Subawards/Consortium/Contractual Costs		\$19,351.00
6. Equipment or Facility Rental/User Fees		
7. Alterations and Renovations		
8. Animal Care		\$26,523.00
9. Equipment Maintenance		\$5,305.00
10. GSRA Tuition		\$11,267.00
Total Other Direct Costs:		\$96,395.00

G. Direct Costs	Funds Requested (\$)
Total Direct Costs (A thru F):	\$421,246.00

H. Indirect Costs				Funds Requested (\$)
Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)		
1. Modified Total Direct Costs	55.5	\$401,895.00		\$223,052.00
2.				
3.				
4.				
Total Indirect Costs:				\$223,052.00
Cognizant Federal Agency (Agency Name, POC Name, and POC Phone Number):				
Department of Health and Human Services, Kenneth Munson, 312-353-5160/5132				

I. Total Direct and Indirect Costs	Funds Requested (\$)
Total Direct and Indirect Costs (G + H):	\$644,298.00

J. Fee	Funds Requested (\$)

K. Budget Justification [Budget Justification Instructions.pdf\(0.01\)](#)

View: SF424 R&R Budget - SECTION A & B, BUDGET PERIOD 4

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 4

* **Organizational DUNS:** 073133571
 * **Budget Type:** Project
 * **Name of Organization:** Regents of the University of Michigan
 * **Number of Budget Periods:** 5

Start Date: 12/1/2017 **End Date:** 11/30/2018

A. Senior/Key Person

Pre. First Name	Middle Name	Last Name	Suffix	Project Role	Base Salary (\$)	Cal. Months	Acad. Months	Sum. Months	Months Req.	Salary (\$)	Fringe Ben. (\$)	Funds Req. (\$)
1. Dr.	Blu	Berry		PD/PI	\$191,227.00	1.8				\$28,684.00	\$8,605.00	\$37,289.00
2. Dr.	Rose	Budd		PD/PI	\$218,545.00	1.8				\$32,782.00	\$9,835.00	\$42,617.00
3. Dr.	Calla	Lily		Co-Investigator	\$142,055.00		0.45	0.15		\$7,103.00	\$2,131.00	\$9,234.00
4.												\$0.00
5.												\$0.00
6.												\$0.00
7.												\$0.00
8.												\$0.00

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

Total Senior/Key Person: \$89,140.00

Additional Senior Key Persons:

B. Other Personnel

Num. Personnel	Project Role	Cal. Months	Acad. Months	Sum. Months	Req. Salary (\$)	Fringe Ben. (\$)	Funds Req. (\$)
1	Post Doctoral Associates	12			\$54,636.00	\$16,391.00	\$71,027.00
1	Graduate Students	6			\$32,782.00	\$9,835.00	\$42,617.00
0	Undergraduate Students						\$0.00
0	Secretarial/Clerical						\$0.00
1	Research Assistant	9			\$28,684.00	\$8,605.00	\$37,289.00
1	Project Manager	12			\$71,027.00	\$21,308.00	\$92,335.00
0							\$0.00
0							\$0.00
0							\$0.00
0							\$0.00
4	Total Number Other Personnel						
					Total Other Personnel:		\$243,268.00
					Total Salary, Wages and Fringe Benefits (A+B):		\$332,408.00

View: SF424 R&R Budget - SECTION C, D & E, BUDGET PERIOD 4

RESEARCH & RELATED BUDGET - SECTION C, D & E, BUDGET PERIOD 4

* **Organizational DUNS:** 073133571
 * **Budget Type:** Project
 * **Name of Organization:** Regents of the University of Michigan
 * **Number of Budget Periods:** 5

Start Date: 12/1/2017 **End Date:** 11/30/2018

C. Equipment Description

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

Equipment Item	Funds Requested (\$)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11. Total Funds Requested for all equipment listed in the attached file	
Additional Equipment:	
Total Equipment:	\$0.00

D. Travel

1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	Funds Requested (\$) \$2,185.00
2. Foreign Travel Costs	
Total Travel Costs:	\$2,185.00

E. Participant Trainee Support Costs

1. Tuition/Fees/Health Insurance		Funds Requested (\$)
2. Stipends		
3. Travel		
4. Subsistence		
5. Other:		
Number of Participants/Trainees	Total Participant/Trainee Support Costs:	\$0.00

View: SF424 R&R Budget - SECTION F-K, BUDGET PERIOD 4

RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 4

* **Organizational DUNS:** 073133571
 * **Budget Type:** Project
 * **Name of Organization:** Regents of the University of Michigan
 * **Number of Budget Periods:** 5

Start Date: 12/1/2017 **End Date:** 11/30/2018

F. Other Direct Costs	Funds Requested (\$)
1. Materials and Supplies	\$32,782.00
2. Publication Costs	\$2,185.00
3. Consultant Services	
4. ADP/Computer Services	
5. Subawards/Consortium/Contractual Costs	\$19,931.00
6. Equipment or Facility Rental/User Fees	
7. Alterations and Renovations	
8. Animal Care	\$27,318.00
9. Equipment Maintenance	\$5,464.00
10. GSRA Tuition	\$11,605.00
Total Other Direct Costs:	\$99,285.00

G. Direct Costs	Funds Requested (\$)
Total Direct Costs (A thru F):	\$433,878.00

H. Indirect Costs	Funds Requested (\$)		
Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
1. Modified Total Direct Costs	55.5	\$413,947.00	\$229,740.00
2.			
3.			
4.			
Total Indirect Costs:			\$229,740.00
Cognizant Federal Agency (Agency Name, POC Name, and POC Phone Number):			
Department of Health and Human Services, Kenneth Munson, 312-353-5160/5132			

I. Total Direct and Indirect Costs	Funds Requested (\$)
Total Direct and Indirect Costs (G + H):	\$663,618.00

J. Fee	Funds Requested (\$)

K. Budget Justification [Budget Justification Instructions.pdf\(0.01\)](#)

View: SF424 R&R Budget - SECTION A & B, BUDGET PERIOD 5

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 5

* **Organizational DUNS:** 073133571
 * **Budget Type:** Project
 * **Name of Organization:** Regents of the University of Michigan
 * **Number of Budget Periods:** 5

Start Date: 12/1/2018 **End Date:** 11/30/2019

A. Senior/Key Person

Pre. First Name	Middle Name	Last Name	Suffix	Project Role	Base Salary (\$)	Cal. Months	Acad. Months	Sum. Months	Months Req.	Salary (\$)	Fringe Ben. (\$)	Funds Req. (\$)
1. Dr.	Blu	Berry		PD/PI	\$196,964.00	1.8				\$29,545.00	\$8,863.00	\$38,408.00
2. Dr.	Rose	Budd		PD/PI	\$225,102.00	1.8				\$33,765.00	\$10,130.00	\$43,895.00
3. Dr.	Calla	Lily		Co-Investigator	\$146,316.00		0.45	0.15		\$7,316.00	\$2,195.00	\$9,511.00
4.												\$0.00
5.												\$0.00
6.												\$0.00
7.												\$0.00
8.												\$0.00

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

Total Senior/Key Person: \$91,814.00

Additional Senior Key Persons:

B. Other Personnel

Num. Personnel	Project Role	Cal. Months	Acad. Months	Sum. Months	Req. Salary (\$)	Fringe Ben. (\$)	Funds Req. (\$)
1	Post Doctoral Associates	12			\$56,275.00	\$16,883.00	\$73,158.00
1	Graduate Students	6			\$33,765.00	\$10,130.00	\$43,895.00
0	Undergraduate Students						\$0.00
0	Secretarial/Clerical						\$0.00
1	Research Assistant	9			\$29,545.00	\$8,863.00	\$38,408.00
1	Project Manager	12			\$73,158.00	\$21,947.00	\$95,105.00
0							\$0.00
0							\$0.00
0							\$0.00
0							\$0.00
4	Total Number Other Personnel						
					Total Other Personnel:		\$250,566.00
					Total Salary, Wages and Fringe Benefits (A+B):		\$342,380.00

View: SF424 R&R Budget - SECTION C, D & E, BUDGET PERIOD 5

RESEARCH & RELATED BUDGET - SECTION C, D & E, BUDGET PERIOD 5

* **Organizational DUNS:** 073133571
 * **Budget Type:** Project
 * **Name of Organization:** Regents of the University of Michigan
 * **Number of Budget Periods:** 5

Start Date: 12/1/2018 **End Date:** 11/30/2019

C. Equipment Description

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

Equipment Item	Funds Requested (\$)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11. Total Funds Requested for all equipment listed in the attached file	
Additional Equipment:	
	Total Equipment: \$0.00

D. Travel

1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	Funds Requested (\$) \$2,251.00
2. Foreign Travel Costs	
	Total Travel Costs: \$2,251.00

E. Participant Trainee Support Costs

1. Tuition/Fees/Health Insurance		Funds Requested (\$)
2. Stipends		
3. Travel		
4. Subsistence		
5. Other:		
Number of Participants/Trainees	Total Participant/Trainee Support Costs:	\$0.00

View: SF424 R&R Budget - SECTION F-K, BUDGET PERIOD 5

RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 5

* **Organizational DUNS:** 073133571
 * **Budget Type:** Project
 * **Name of Organization:** Regents of the University of Michigan
 * **Number of Budget Periods:** 5

Start Date: 12/1/2018 **End Date:** 11/30/2019

F. Other Direct Costs		Funds Requested (\$)
1. Materials and Supplies		\$33,765.00
2. Publication Costs		\$2,251.00
3. Consultant Services		
4. ADP/Computer Services		
5. Subawards/Consortium/Contractual Costs		\$20,529.00
6. Equipment or Facility Rental/User Fees		
7. Alterations and Renovations		
8. Animal Care		\$28,138.00
9. Equipment Maintenance		\$5,628.00
10. GSRA Tuition		\$11,953.00
Total Other Direct Costs:		\$102,264.00

G. Direct Costs		Funds Requested (\$)
Total Direct Costs (A thru F):		\$446,895.00

H. Indirect Costs				Funds Requested (\$)
Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)		
1. Modified Total Direct Costs	55.5	\$426,365.00		\$236,633.00
2.				
3.				
4.				
Total Indirect Costs:				\$236,633.00
Cognizant Federal Agency (Agency Name, POC Name, and POC Phone Number):				
Department of Health and Human Services, Kenneth Munson, 312-353-5160/5132				

I. Total Direct and Indirect Costs		Funds Requested (\$)
Total Direct and Indirect Costs (G + H):		\$683,528.00

J. Fee	Funds Requested (\$)

K. Budget Justification [Budget Justification Instructions.pdf\(0.01\)](#)

View: SF424 R&R Budget - Cumulative Budget

RESEARCH & RELATED BUDGET - Cumulative Budget

Section A, Senior/Key Person		\$433,096.00
Section B, Other Personnel		\$1,181,948.00
Total Number Other Personnel	20	
Total Salary, Wages and Fringe Benefits (A+B)		\$1,615,044.00
Section C, Equipment		\$120,000.00
Section D, Travel		\$10,618.00
1. Domestic	\$10,618.00	
2. Foreign	\$0.00	
Section E, Participant/Trainee Support Costs		\$0.00
1. Tuition/Fees/Health Insurance	\$0.00	
2. Stipends	\$0.00	
3. Travel	\$0.00	
4. Subsistence	\$0.00	
5. Other	\$0.00	
6. Number of Participants/Trainees	0	
Section F, Other Direct Costs		\$482,390.00
1. Materials and Supplies	\$159,274.00	
2. Publication Costs	\$10,618.00	
3. Consultant Costs	\$0.00	
4. ADP/Computer Services	\$0.00	
5. Subawards/Consortium/Contractual Costs	\$96,838.00	
6. Equipment of Facility Rental/User Fees	\$0.00	
7. Alterations and Renovations	\$0.00	
8. Other 1	\$132,729.00	
9. Other 2	\$26,547.00	
10. Other 3	\$56,384.00	
Section G, Direct Costs (A thru F)		\$2,228,052.00
Section H, Indirect Costs		\$1,130,097.00
Section I, Total Direct and Indirect Costs		\$3,358,149.00
Section J, Fee		\$0.00

* Number of subawards: 1

View: R&R Budget - Number Of Subawards

View: SF424 R&R Subaward Budget 1 - SECTION A & B, BUDGET PERIOD 1

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

* **Organizational DUNS:** 001962224
 * **Budget Type:** Subaward/Consortium
 * **Name of Organization:** Wayne State University
 * **Number of Budget Periods:** 5

Start Date: 12/1/2014 **End Date:** 11/30/2015

A. Senior/Key Person

Pre. First Name	Middle Name	Last Name	Suffix	Project Role	Base Salary (\$)	Cal. Months	Acad. Months	Sum. Months	Months Req.	Salary (\$)	Fringe Ben. (\$)	Funds Req. (\$)
1. Dr.	Redd		Robin	Co-Investigator	\$143,080.00	0.6				\$7,154.00	\$2,146.00	\$9,300.00
2.												\$0.00
3.												\$0.00
4.												\$0.00
5.												\$0.00
6.												\$0.00
7.												\$0.00
8.												\$0.00

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

Total Senior/Key Person: \$9,300.00

Additional Senior Key Persons:

B. Other Personnel

Num. Personnel	Project Role	Cal. Months	Acad. Months	Sum. Months	Req. Salary (\$)	Fringe Ben. (\$)	Funds Req. (\$)
0	Post Doctoral Associates						\$0.00
0	Graduate Students						\$0.00
0	Undergraduate Students						\$0.00
0	Secretarial/Clerical						\$0.00
0							\$0.00
0							\$0.00
0							\$0.00
0							\$0.00
0							\$0.00
0							\$0.00
0							\$0.00
0							\$0.00
0							\$0.00
0							\$0.00
0	Total Number Other Personnel						\$0.00
						Total Other Personnel:	\$0.00
						Total Salary, Wages and Fringe Benefits (A+B):	\$9,300.00

View: SF424 R&R Subaward Budget 1 - SECTION C, D & E, BUDGET PERIOD 1

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

* **Organizational DUNS:** 001962224
 * **Budget Type:** Subaward/Consortium
 * **Name of Organization:** Wayne State University
 * **Number of Budget Periods:** 5

Start Date: 12/1/2014 **End Date:** 11/30/2015

C. Equipment Description

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

Equipment Item	Funds Requested (\$)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
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

Funds Requested (\$)

Total Travel Costs:

E. Participant Trainee Support Costs

- 1. Tuition/Fees/Health Insurance
- 2. Stipends
- 3. Travel
- 4. Subsistence
- 5. Other:

Number of Participants/Trainees

Total Participant/Trainee Support Costs:

View: SF424 R&R Subaward Budget 1 - SECTION F-K, BUDGET PERIOD 1

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

* **Organizational DUNS:** 001962224
 * **Budget Type:** Subaward/Consortium
 * **Name of Organization:** Wayne State University
 * **Number of Budget Periods:** 5

Start Date: 12/1/2014 **End Date:** 11/30/2015

F. Other Direct Costs		Funds Requested (\$)
1. Materials and Supplies		\$2,700.00
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:		\$2,700.00

G. Direct Costs	Total Direct Costs (A thru F):	Funds Requested (\$)
		\$12,000.00

H. Indirect Costs				
	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
1.	Modified Total Direct Costs	52	\$12,000.00	\$6,240.00
2.				
3.				
4.				
			Total Indirect Costs:	\$6,240.00
Cognizant Federal Agency (Agency Name, POC Name, and POC Phone Number):				
Department of Health and Human Services, Ernest Kinneer, 214-767-3261				

I. Total Direct and Indirect Costs	Total Direct and Indirect Costs (G + H):	Funds Requested (\$)
		\$18,240.00

J. Fee	Funds Requested (\$)
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K. Budget Justification

View: SF424 R&R Subaward Budget 1 - SECTION A & B, BUDGET PERIOD 2

RESEARCH & RELATED BUDGET, SUBAWARD 1 - SECTION A & B, BUDGET PERIOD 2

*Organizational DUNS: 001962224
*Budget Type: Subaward/Consortium
*Name of Organization: Wayne State University
*Number of Budget Periods: 5

Start Date: 12/1/2015 End Date: 11/30/2016

A. Senior/Key Person

Pre. First Name	Middle Name	Last Name	Suffix	Project Role	Base Salary (\$)	Cal. Months	Acad. Months	Sum. Months	Months Req.	Salary (\$)	Fringe Ben. (\$)	Funds Req. (\$)
1. Dr.	Redd	Robin		Co-Investigator	\$147,372.00	0.6				\$7,369.00	\$2,211.00	\$9,580.00
2.												\$0.00
3.												\$0.00
4.												\$0.00
5.												\$0.00
6.												\$0.00
7.												\$0.00
8.												\$0.00
9. Total Funds requested for all Senior Key Persons in the attached file											Total Senior/Key Person:	\$9,580.00

Additional Senior Key Persons:

B. Other Personnel

Num. Personnel	Project Role	Cal. Months	Acad. Months	Sum. Months	Req. Salary (\$)	Fringe Ben. (\$)	Funds Req. (\$)
0	Post Doctoral Associates						\$0.00
0	Graduate Students						\$0.00
0	Undergraduate Students						\$0.00
0	Secretarial/Clerical						\$0.00
0							\$0.00
0							\$0.00
0							\$0.00
0							\$0.00
0							\$0.00
0							\$0.00
0	Total Number Other Personnel						\$0.00
						Total Other Personnel:	\$0.00
						Total Salary, Wages and Fringe Benefits (A+B):	\$9,580.00

View: SF424 R&R Subaward Budget 1 - SECTION C, D & E, BUDGET PERIOD 2

RESEARCH & RELATED BUDGET, SUBAWARD 1 - SECTION C, D & E, BUDGET PERIOD 2

* **Organizational DUNS:** 001962224
 * **Budget Type:** Subaward/Consortium
 * **Name of Organization:** Wayne State University
 * **Number of Budget Periods:** 5

Start Date: 12/1/2015 **End Date:** 11/30/2016

C. Equipment Description

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

Equipment Item	Funds Requested (\$)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
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

Funds Requested (\$)

Total Travel Costs:

E. Participant Trainee Support Costs

- 1. Tuition/Fees/Health Insurance
- 2. Stipends
- 3. Travel
- 4. Subsistence
- 5. Other:

Number of Participants/Trainees

Total Participant/Trainee Support Costs:

View: SF424 R&R Subaward Budget 1 - SECTION F-K, BUDGET PERIOD 2

RESEARCH & RELATED BUDGET, SUBAWARD 1 - SECTION F-K, BUDGET PERIOD 2

* **Organizational DUNS:** 001962224
 * **Budget Type:** Subaward/Consortium
 * **Name of Organization:** Wayne State University
 * **Number of Budget Periods:** 5

Start Date: 12/1/2015 **End Date:** 11/30/2016

F. Other Direct Costs		Funds Requested (\$)
1. Materials and Supplies		\$2,780.00
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:		\$2,780.00

G. Direct Costs	Total Direct Costs (A thru F):	Funds Requested (\$)
		\$12,360.00

H. Indirect Costs				
	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
1.	Modified Total Direct Costs	52	\$12,360.00	\$6,427.00
2.				
3.				
4.				
			Total Indirect Costs:	\$6,427.00
Cognizant Federal Agency (Agency Name, POC Name, and POC Phone Number):				
Department of Health and Human Services, Ernest Kinneer, 214-767-3261				

I. Total Direct and Indirect Costs	Total Direct and Indirect Costs (G + H):	Funds Requested (\$)
		\$18,787.00

J. Fee	Funds Requested (\$)
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K. Budget Justification

View: SF424 R&R Subaward Budget 1 - SECTION A & B, BUDGET PERIOD 3

RESEARCH & RELATED BUDGET, SUBAWARD 1 - SECTION A & B, BUDGET PERIOD 3

* **Organizational DUNS:** 001962224
 * **Budget Type:** Subaward/Consortium
 * **Name of Organization:** Wayne State University
 * **Number of Budget Periods:** 5

Start Date: 12/1/2016 **End Date:** 11/30/2017

A. Senior/Key Person

Pre. First Name	Middle Name	Last Name	Suffix	Project Role	Base Salary (\$)	Cal. Months	Acad. Months	Sum. Months	Months Req.	Salary (\$)	Fringe Ben. (\$)	Funds Req. (\$)
1. Dr. Redd		Robin		Co-Investigator	\$151,794.00	0.6				\$7,590.00	\$2,277.00	\$9,867.00
2.												\$0.00
3.												\$0.00
4.												\$0.00
5.												\$0.00
6.												\$0.00
7.												\$0.00
8.												\$0.00

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

Total Senior/Key Person: \$9,867.00

Additional Senior Key Persons:

B. Other Personnel

Num. Personnel	Project Role	Cal. Months	Acad. Months	Sum. Months	Req. Salary (\$)	Fringe Ben. (\$)	Funds Req. (\$)
0	Post Doctoral Associates						\$0.00
0	Graduate Students						\$0.00
0	Undergraduate Students						\$0.00
0	Secretarial/Clerical						\$0.00
0							\$0.00
0							\$0.00
0							\$0.00
0							\$0.00
0							\$0.00
0							\$0.00
0	Total Number Other Personnel						\$0.00
						Total Other Personnel:	\$0.00
						Total Salary, Wages and Fringe Benefits (A+B):	\$9,867.00

View: SF424 R&R Subaward Budget 1 - SECTION C, D & E, BUDGET PERIOD 3

RESEARCH & RELATED BUDGET, SUBAWARD 1 - SECTION C, D & E, BUDGET PERIOD 3

* **Organizational DUNS:** 001962224
 * **Budget Type:** Subaward/Consortium
 * **Name of Organization:** Wayne State University
 * **Number of Budget Periods:** 5

Start Date: 12/1/2016 **End Date:** 11/30/2017

C. Equipment Description

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

Equipment Item	Funds Requested (\$)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
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

Funds Requested (\$)

Total Travel Costs:

E. Participant Trainee Support Costs

- 1. Tuition/Fees/Health Insurance
- 2. Stipends
- 3. Travel
- 4. Subsistence
- 5. Other:

Number of Participants/Trainees

Total Participant/Trainee Support Costs:

View: SF424 R&R Subaward Budget 1 - SECTION F-K, BUDGET PERIOD 3

RESEARCH & RELATED BUDGET, SUBAWARD 1 - SECTION F-K, BUDGET PERIOD 3

* **Organizational DUNS:** 001962224
 * **Budget Type:** Subaward/Consortium
 * **Name of Organization:** Wayne State University
 * **Number of Budget Periods:** 5

Start Date: 12/1/2016 **End Date:** 11/30/2017

F. Other Direct Costs			Funds Requested (\$)
1. Materials and Supplies			\$2,864.00
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:			\$2,864.00

G. Direct Costs	Total Direct Costs (A thru F):	Funds Requested (\$)
		\$12,731.00

H. Indirect Costs				
	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
1.	Modified Total Direct Costs	52	\$12,731.00	\$6,620.00
2.				
3.				
4.				
			Total Indirect Costs:	\$6,620.00
Cognizant Federal Agency (Agency Name, POC Name, and POC Phone Number):				
Department of Health and Human Services, Ernest Kinneer, 214-767-3261				

I. Total Direct and Indirect Costs	Total Direct and Indirect Costs (G + H):	Funds Requested (\$)
		\$19,351.00

J. Fee	Funds Requested (\$)
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K. Budget Justification

View: SF424 R&R Subaward Budget 1 - SECTION A & B, BUDGET PERIOD 4

RESEARCH & RELATED BUDGET, SUBAWARD 1 - SECTION A & B, BUDGET PERIOD 4

* **Organizational DUNS:** 001962224
 * **Budget Type:** Subaward/Consortium
 * **Name of Organization:** Wayne State University
 * **Number of Budget Periods:** 5

Start Date: 12/1/2017 **End Date:** 11/30/2018

A. Senior/Key Person

Pre. First Name	Middle Name	Last Name	Suffix	Project Role	Base Salary (\$)	Cal. Months	Acad. Months	Sum. Months	Months Req.	Salary (\$)	Fringe Ben. (\$)	Funds Req. (\$)
1. Dr.	Redd	Robin		Co-Investigator	\$156,347.00	0.6				\$7,817.00	\$2,345.00	\$10,162.00
2.												\$0.00
3.												\$0.00
4.												\$0.00
5.												\$0.00
6.												\$0.00
7.												\$0.00
8.												\$0.00

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

Total Senior/Key Person: \$10,162.00

Additional Senior Key Persons:

B. Other Personnel

Num. Personnel	Project Role	Cal. Months	Acad. Months	Sum. Months	Req. Salary (\$)	Fringe Ben. (\$)	Funds Req. (\$)
0	Post Doctoral Associates						\$0.00
0	Graduate Students						\$0.00
0	Undergraduate Students						\$0.00
0	Secretarial/Clerical						\$0.00
0							\$0.00
0							\$0.00
0							\$0.00
0							\$0.00
0							\$0.00
0							\$0.00
0							\$0.00
0							\$0.00
0							\$0.00
0	Total Number Other Personnel						\$0.00
						Total Other Personnel:	\$0.00
						Total Salary, Wages and Fringe Benefits (A+B):	\$10,162.00

View: SF424 R&R Subaward Budget 1 - SECTION C, D & E, BUDGET PERIOD 4

RESEARCH & RELATED BUDGET, SUBAWARD 1 - SECTION C, D & E, BUDGET PERIOD 4

* **Organizational DUNS:** 001962224
 * **Budget Type:** Subaward/Consortium
 * **Name of Organization:** Wayne State University
 * **Number of Budget Periods:** 5

Start Date: 12/1/2017 **End Date:** 11/30/2018

C. Equipment Description

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

Equipment Item	Funds Requested (\$)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
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

Funds Requested (\$)

Total Travel Costs:

E. Participant Trainee Support Costs

- 1. Tuition/Fees/Health Insurance
- 2. Stipends
- 3. Travel
- 4. Subsistence
- 5. Other:

Number of Participants/Trainees

Total Participant/Trainee Support Costs:

View: SF424 R&R Subaward Budget 1 - SECTION F-K, BUDGET PERIOD 4

RESEARCH & RELATED BUDGET, SUBAWARD 1 - SECTION F-K, BUDGET PERIOD 4

* **Organizational DUNS:** 001962224
 * **Budget Type:** Subaward/Consortium
 * **Name of Organization:** Wayne State University
 * **Number of Budget Periods:** 5

Start Date: 12/1/2017 **End Date:** 11/30/2018

F. Other Direct Costs			Funds Requested (\$)
1. Materials and Supplies			\$2,950.00
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:			\$2,950.00

G. Direct Costs	Total Direct Costs (A thru F):	Funds Requested (\$)
		\$13,112.00

H. Indirect Costs				
	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
1.	Modified Total Direct Costs	52	\$13,112.00	\$6,819.00
2.				
3.				
4.				
Total Indirect Costs:				\$6,819.00

Cognizant Federal Agency (Agency Name, POC Name, and POC Phone Number):
 Department of Health and Human Services, Ernest Kinneer, 214-767-3261

I. Total Direct and Indirect Costs	Total Direct and Indirect Costs (G + H):	Funds Requested (\$)
		\$19,931.00

J. Fee	Funds Requested (\$)
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K. Budget Justification

View: SF424 R&R Subaward Budget 1 - SECTION C, D & E, BUDGET PERIOD 5

RESEARCH & RELATED BUDGET, SUBAWARD 1 - SECTION C, D & E, BUDGET PERIOD 5

* **Organizational DUNS:** 001962224
 * **Budget Type:** Subaward/Consortium
 * **Name of Organization:** Wayne State University
 * **Number of Budget Periods:** 5

Start Date: 12/1/2018 **End Date:** 11/30/2019

C. Equipment Description

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

Equipment Item	Funds Requested (\$)
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
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

Funds Requested (\$)

Total Travel Costs:

E. Participant Trainee Support Costs

- 1. Tuition/Fees/Health Insurance
- 2. Stipends
- 3. Travel
- 4. Subsistence
- 5. Other:

Funds Requested (\$)

Number of Participants/Trainees

Total Participant/Trainee Support Costs:

View: SF424 R&R Subaward Budget 1 - SECTION F-K, BUDGET PERIOD 5

RESEARCH & RELATED BUDGET, SUBAWARD 1 - SECTION F-K, BUDGET PERIOD 5

* **Organizational DUNS:** 001962224
 * **Budget Type:** Subaward/Consortium
 * **Name of Organization:** Wayne State University
 * **Number of Budget Periods:** 5

Start Date: 12/1/2018 **End Date:** 11/30/2019

F. Other Direct Costs			Funds Requested (\$)
1. Materials and Supplies			\$3,038.00
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:			\$3,038.00

G. Direct Costs	Total Direct Costs (A thru F):	Funds Requested (\$)
		\$13,506.00

H. Indirect Costs				
	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
1.	Modified Total Direct Costs	52	\$13,506.00	\$7,023.00
2.				
3.				
4.				
Total Indirect Costs:				\$7,023.00
Cognizant Federal Agency (Agency Name, POC Name, and POC Phone Number): Department of Health and Human Services, Ernest Kinneer, 214-767-3261				

I. Total Direct and Indirect Costs	Total Direct and Indirect Costs (G + H):	Funds Requested (\$)
		\$20,529.00

J. Fee	Funds Requested (\$)
---------------	-----------------------------

K. Budget Justification

View: SF424 R&R Subaward Budget 1 - Cumulative Budget

RESEARCH & RELATED BUDGET, SUBAWARD 1 - Cumulative Budget

Section A, Senior/Key Person		\$49,377.00
Section B, Other Personnel		\$0.00
Total Number Other Personnel	0	
Total Salary, Wages and Fringe Benefits (A+B)		\$49,377.00
Section C, Equipment		\$0.00
Section D, Travel		\$0.00
1. Domestic	\$0.00	
2. Foreign	\$0.00	
Section E, Participant/Trainee Support Costs		\$0.00
1. Tuition/Fees/Health Insurance	\$0.00	
2. Stipends	\$0.00	
3. Travel	\$0.00	
4. Subsistence	\$0.00	
5. Other	\$0.00	
6. Number of Participants/Trainees	0	
Section F, Other Direct Costs		\$14,332.00
1. Materials and Supplies	\$14,332.00	
2. Publication Costs	\$0.00	
3. Consultant Costs	\$0.00	
4. ADP/Computer Services	\$0.00	
5. Subawards/Consortium/Contractual Costs	\$0.00	
6. Equipment of Facility Rental/User Fees	\$0.00	
7. Alterations and Renovations	\$0.00	
8. Other 1	\$0.00	
9. Other 2	\$0.00	
10. Other 3	\$0.00	
Section G, Direct Costs (A thru F)		\$63,709.00
Section H, Indirect Costs		\$33,129.00
Section I, Total Direct and Indirect Costs		\$96,838.00
Section J, Fee		\$0.00

PHS Cover Letter

View: PHS Cover Letter (V1.2)

* Mandatory Cover Letter Filename:

<p>1. Project Director / Principal Investigator (PD/PI) Prefix: Dr. First Name: Blu Middle Name: Last Name: Berry Suffix:</p>
<p>2. Human Subjects Clinical Trial? <input type="radio"/> Yes <input checked="" type="radio"/> No Agency-Defined Phase III Clinical Trial? <input type="radio"/> Yes <input checked="" type="radio"/> No</p>
<p>3. Applicant Organization Contact Person to be contacted on matters involving this application Prefix: Ms. First Name: Therese Middle Name: G Last Name: Maxwell Suffix: Phone Number : 734-764-7246 Fax Number: Email: tmax@umich.edu</p>
<p>* Title:Project Representative * Street 1:Div Res Dev & Admin Street 2:1040 Wolverine Tower * City:Ann Arbor County: Province: State:MI: Michigan *Zip Code:48109-1274 * Country:USA: UNITED STATES</p>

PHS 398 Cover Page Supplement - 2 of 2

View: PHS 398 Cover Page Supplement (V1.4) - Page 2

4. Human Embryonic Stem Cells

*Does the proposed project involve human embryonic stem cells? Yes **No**

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.

View: PHS 398 Research Plan (V1.3)

PHS 398 Research Plan

<p>1. Application Type: From SF 424 (R&R) Cover Page. The responses provided on these pages, regarding the type of application being submitted, is repeated for your reference, as you attach the appropriate sections of the Research Plan. New</p>					
<p>2. Research Plan Attachments: Please attach applicable sections of the research plan, below. 1. Introduction to Application <i>(for RESUBMISSION or REVISION only)</i> 2. Specific Aims * 3. Research Strategy 4. Inclusion Enrollment Report 5. Progress Report Publication List</p>					
<p><u>Human Subjects Sections</u> 6. Protection of Human Subjects 7. Inclusion of Women and Minorities 8. Targeted/Planned Enrollment Table 9. Inclusion of Children</p>					
<p><u>Other Research Plan Sections</u> 10. Vertebrate Animals 11. Select Agent Research 12. Multiple PD/PI Leadership Plan Multiple PI Plan Instructions.pdf(0.01) 13. Consortium/Contractual Arrangements 14. Letters Of Support 15. Resource Sharing Plan(s)</p>					
<p>16. Appendix</p> <table border="1"> <thead> <tr> <th>Name</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td colspan="2">There are no items to display</td> </tr> </tbody> </table>		Name	Description	There are no items to display	
Name	Description				
There are no items to display					

PHS 398 Checklist - 1 of 2

View: PHS 398 Checklist (V1.3) - Page 1

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

Federal Identifier:

2. Change of Investigator / Change of Institution QuestionsChange 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

PHS 398 Checklist - 2 of 2

View: PHS 398 Checklist (V1.3) - Page 2

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)

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

[View: End Of Steps Page](#)

Congratulations! You have entered all required and selected optional forms. Please use project's workspace for further actions, processing and status of this project.

View: SF424RRKeyPerson_KeyPersonProfileDataType V1.2

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

PROFILE - Project Director/Principal Investigator				
Prefix: Dr.	*First Name: Rose	Middle Name:	*Last Name: Budd	Suffix:
Position/Title: Associate Professor		Organization: Regents of the University of Michigan		
Department: Internal Medicine		Division: Medical School		
*Street1:	2800 Plymouth Rd NCRC		Street2:	
*City: Ann Arbor	County/Parish:	State: MI: Michigan	Province:	
*Country: USA: UNITED STATES			Zip/Postal Code: 48109-2800	
*Phone Number: 734-763-0001	Fax Number:	*Email: rose_budd@umich.edu		
Credential, e.g., agency login: Rose_Budd				
*Project Role: PD/PI		Other Project Role Category:		
Degree Type: Degree Year:				
* Attach Biographical Sketch: Attach Current & Pending Support:				

View: SF424RRKeyPerson_KeyPersonProfileDataType V1.2

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

PROFILE - Project Director/Principal Investigator			
Prefix: Dr.	*First Name: Calla	Middle Name:	*Last Name: Lily Suffix:
Position/Title: Research Investigator		Organization: Regents of the University of Michigan	
Department: Pathology		Division: Medical School	
*Street1: 1301 Catherine Street		Street2:	
*City: Ann Arbor	County/Parish:	State: MI: Michigan	Province:
*Country: USA: UNITED STATES		Zip/Postal Code: 48109-1210	
*Phone Number: 734-763-0002	Fax Number:	*Email: calla_lily@umich.edu	
Credential, e.g., agency login:			
*Project Role: Co-Investigator		Other Project Role Category:	
Degree Type: Degree Year:			
* Attach Biographical Sketch: Attach Current & Pending Support:			

View: SF424RRKeyPerson_KeyPersonProfileDataType V1.2

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

PROFILE - Project Director/Principal Investigator			
Prefix: Dr.	*First Name: Redd	Middle Name:	*Last Name: Robin Suffix:
Position/Title: Professor	Department: Biostatistics	Organization: Wayne State University	Division: School of Public Health
*Street1: 123 W. Warren Avenue	Street2:	State: MI: Michigan	Province:
*City: Detroit	County/Parish:	Zip/Postal Code: 48202	
*Country: USA: UNITED STATES	*Phone Number: 810-123-4567	Fax Number:	*Email: Redd_Robin@WSU.EDU
Credential, e.g., agency login:		Other Project Role Category:	
*Project Role: Co-Investigator			
Degree Type: Degree Year:			
* Attach Biographical Sketch: Attach Current & Pending Support:			

View: SF424RRPerformanceSite_SiteLocationDataType (V1.2)

Research & Related Project/Performance Site Location(s)

Project/Performance Site Other 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: Wayne State University

DUNS Number: 001962224

***Street 1:** 42 W. Warren Avenue

***City:** Detroit

State: MI: Michigan

***Country:** USA: UNITED STATES

Street 2:

County:

Province:

Zip/Postal Code: 48202

Project/ Performance Site Congressional District: MI-013