

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

\* ORGANIZATIONAL DUNS: 064234610

\* Budget Type: ☒ Project ☐ Subaward/Consortium

Enter name of Organization: University of Texas at Arlington

\* Start Date: 11/1/2018 \* End Date: 10/31/2019 Budget Period: IF Supplement 1

A. Senior/Key Person

	Prefix	* First Name	Middle Name	* Last Name	Suffix	Project Role	Base Salary (\$)	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)
1.													0
2.													0
3.													0
4.													0
5.													0
6.													0
7.													0
8.													0
9. Total Funds requested for all Senior Key Persons in the attached file													
Total Senior/Key Person													0

B. Other Personnel

* Number of Personnel	* Project Role	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)
1	Post Doctoral Associates				50,000	15,000	65,000
0	Graduate Students						0
0	Undergraduate Students						0
	Secretarial/Clerical						0
							0
							0
							0
							0
							0
1	Total Number Other Personnel						65,000
Total Other Personnel							65,000
Total Salary, Wages and Fringe Benefits (A+B)							65,000

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

\* ORGANIZATIONAL DUNS: 064234610

\* Budget Type: ☒ Project ☐ Subaward/Consortium

Enter name of Organization: University of Texas at Arlington

\* Start Date: 11/1/2018 \* End Date: 10/31/2019 Budget Period: IF Supplement 1

## 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

## D. Travel

Funds Requested (\$)

1.	Domestic Travel Costs ( Incl. Canada, Mexico and U.S. Possessions)	1,000
2.	Foreign Travel Costs	0
	Total Travel Cost	1,000

## 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

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

# RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD ☐

\* ORGANIZATIONAL DUNS:

\* Budget Type: ☒ Project ☐ Subaward/Consortium

Enter name of Organization:

\* Start Date:  \* End Date:  Budget Period:

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" value="STEM Tuition"/>	<input type="text"/>
9. <input type="text"/>	<input type="text"/>
10. <input type="text"/>	<input type="text"/>
<b>Total Other Direct Costs</b>	<input type="text" value="0"/>

G. Direct Costs	Funds Requested (\$)
<b>Total Direct Costs (A thru F)</b>	<input type="text" value="66,000"/>

H. Indirect Costs	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input type="text" value="Off Campus IDC"/>	<input type="text" value="26"/>	<input type="text" value="66,000"/>	<input type="text" value="17,160"/>
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"/>
<b>Total Indirect Costs</b>				<input type="text" value="17,160"/>

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

I. Total Direct and Indirect Costs	Funds Requested (\$)
<b>Total Direct and Indirect Institutional Costs (G + H)</b>	<input type="text" value="83,160"/>

J. Fee	Funds Requested (\$)
	<input type="text" value="83,160"/>