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

	RESEARCH & RE	LATED BUDGET - SECTION A	& B, BUDGET PERIOD 2
* ORGANIZATIONAL DUNS:	064234610		
* Budget Type: Project	Subaward/Consortium		
Enter name of Organization:	University of Texas at Arlington		
* Start Da	te: 11/1/2019 * End Date: 03/31/2019	Budget Period: IF Supplement 2	

A. Senior/Key Person

Pr	efix	* 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 Fullab Toquotou Tot all Comot Noy Forcette in the attached the

Total Senior/Key Person	0

B. Other Personnel

* Number of Personnel	* Project Role	Cal. Months	Acad. Months	Sum. Months		* Fringe Benefits (\$) * I	Funds Requested (\$)
1	Post Doctoral Associates				21,458	6,437	27,895
	Graduate Students			Ī			0
	Undergraduate Students						0
	Secretarial/Clerical						0
							0
							0
							0
							0
							0
							0
1	Total Number Other Personnel				Total C	ther Personnel	27,895
		Total	Salary,	Wages	and Fringe Be	enefits (A+B)	27,895

RESEARCH & RELATED BUDGET - SECTION	ON C, D, & E, BUDGET PERIOD 2
ORGANIZATIONAL DUNS: 064234610	
Budget Type: Project Subaward/Consortium	
Enter name of Organization: University of Texas at Arlington	
* Start Date: 11/1/2019 * End Date: 03/31/2020 Budg	get Period: IF Supplement 2
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 Equ	uipment 0
D. Travel	Funds Requested (\$)
Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	750
Foreign Travel Costs	0
Total Tra	avel Cost 750
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 Suppo	ort Costs 0

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

RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 2 * ORGANIZATIONAL DUNS: 064234610 * Budget Type: Project Subaward/Consortium Enter name of Organization: University of Texas at Arlington * End Date: 03/31/2020 * Start Date: 11/1/2019 Budget Period: IF Supplement 2 F. Other Direct Costs Funds Requested (\$) 1. Materials and Supplies 2. Publication Costs 3. Consultant Services 4. ADP/Computer Services Subawards/Consortium/Contractual Costs Equipment or Facility Rental/User Fees 6. 7. Alterations and Renovations 8. 9. 10. Total Other Direct Costs 0 G. Direct Costs Funds Requested (\$) Total Direct Costs (A thru F) 28,645 H. Indirect Costs Indirect Cost Indirect Cost Rate (%) * Funds Requested (\$) Indirect Cost Type Base (\$) 1. 7,448 26 7,448 Off Campus IDC 2. 3. 4. Total Indirect Costs 7,448 Cognizant Federal Agency (Agency Name, POC Name, and POC Phone Number) I. Total Direct and Indirect Costs Funds Requested (\$) Total Direct and Indirect Institutional Costs (G + H) 36,093

Funds Requested (\$)

36,093

J. Fee