

# Research & Related

PHS 398 Modular Budget  
Component

# Component: PHS 398 Modular Agency-Specific Components

- PHS398 Cover Letter File
- PHS 398 Cover Page Supplement (supplements the R&R Cover)
- PHS 398 Modular Budget
- PHS 398 Research Plan
- PHS 398 Checklist

# Component: PHS 398 Modular Budget Period 1 – Sections A, B & C

- Budget Period: 1 – Start Date and End Date
- Section A - Direct Costs
  - Direct Costs Less consortium F&A
  - Consortium F&A
  - Total Direct Costs
- Section B - Indirect Costs
  - Indirect Cost Type: MTDC (Modified Total Direct Costs)
  - Indirect Cost Rate (%)
  - Indirect Cost Base (\$) Direct costs less exclusions (i.e., tuition, facility rental, patient care costs, etc)
  - Funds Requested
- Cognizant Agency Name:
  - DHHS Division of Cost Allocation and Liaison, Paul Nacon 202-401-2808
- Indirect Cost Rate Agreement: September 17, 2004
- Section C - Total Direct and Indirect Costs (A+B) (of Budget Period 1)



Address http://apply.grants.gov/opportunities/packages/oppPA-06-348.xfd

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## PHS 398 Modular Budget, Periods 1 and 2

OMB Number: 0925-0001

Expiration Date: 9/30/2007

**Budget Period: 1**

Reset Entries

Start Date:

End Date:

### A. Direct Costs

\* Funds Requested (\$)

\* Direct Cost less Consortium F&A

Consortium F&A

\* Total Direct Costs

### B. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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"/>

# Component: PHS 398 Modular Budget Period 2..... – Sections A, B & C

- Follow steps in Budget Period 1 for all out years of your project.
- Cumulative budget is system-generated
- Budget Justification PDF text attachments for Personnel, Consortium and Other



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

Indirect Cost Rate Agreement Date

Total Indirect Costs

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

Funds Requested (\$)

**Budget Period: 2**

Reset Entries

Start Date:

End Date:

**A. Direct Costs**

\* Funds Requested (\$)

\* Direct Cost less Consortium F&A

Consortium F&A

\* Total Direct Costs

**B. Indirect Costs**

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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"/>



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Consortium F&A

\* Total Direct Costs

**B. Indirect Costs**

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	Modified Total Direct Cost			
2.				
3.				
4.				

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

DHHS Division of Cost Allocation and Liaison  
Paul Nacon 202-401-2808

Indirect Cost Rate Agreement Date / /

Total Indirect Costs

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

Funds Requested (\$)



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### PHS 398 Modular Budget, Periods 3 and 4

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

**Budget Period: 3**

Reset Entries

Start Date: / /

End Date: / /

#### A. Direct Costs

\* Funds Requested (\$)

\* Direct Cost less Consortium F&A

Consortium F&A

\* Total Direct Costs

#### B. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.				
2.				
3.				
4.				

Co-sponsor Agency (Agency Name, POC Name and Phone Number)



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Budget Period: 4

Reset Entries

Start Date: / /

End Date: / /

A. Direct Costs

\* Funds Requested (\$)

\* Direct Cost less Consortium F&A

Consortium F&A

\* Total Direct Costs

B. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.				
2.				
3.				
4.				

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

Text input area for Cognizant Agency details.

Indirect Cost Rate Agreement Date / /

Total Indirect Costs



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## PHS 398 Modular Budget, Period 5 and Cumulative

OMB Number: 0925-0001

Expiration Date: 9/30/2007

**Budget Period: 5**

Reset Entries

Start Date:

End Date:

### A. Direct Costs

\* Funds Requested (\$)

\* Direct Cost less Consortium F&A

Consortium F&A

\* Total Direct Costs

### B. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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"/>



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**Cumulative Budget Information**

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

- \* Section A, Total Direct Cost less Consortium F&A for Entire Project Period \$
- Section A, Total Consortium F&A for Entire Project Period \$
- \* Section A, Total Direct Costs for Entire Project Period \$
- \* Section B, Total Indirect Costs for Entire Project Period \$
- \* Section C, Total Direct and Indirect Costs (A+B) for Entire Project Period \$

**2. Budget Justifications**

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