

OMB Number: 4040-0001

Expiration Date: 06/30/2014

Previous Period

ORGANIZATION NAME

* Budget Type: Project Subaward/Consortium

Enter name of Organization: Baylor College of Medicine

A. Senior Key Person

Project Role	Base Salary (\$)	Monthly	Acad. Sum.	* Requested	* Fringe	Prefix	* First Name	Middle Name	* Last Name	Suffix	* Degree
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RESEARCH OBJECTIVES AND SIGNIFICANCE

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Researcher's name: Detox, Peter, G. 172
Institution: University of Illinois at Chicago
Address: 606 S. Morgan St., Chicago, IL 60607
Phone: (773) 978-2000
Fax: (773) 978-2000
E-mail: peter.g.172@uic.edu

Researcher's name: Detox, Peter, G. 172

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

Organization: NSERC: 1001/1002/1003/1004

Budget Type: Project Shared Consortium

F Other Direct Costs

Funds Requested (\$)



RESEARCH RELATED BUDGET - SECTION 8.3.5 BUDGET SERIES 0

ORGANIZATION: MR. J. G. 032718270000

* Budget Type: Principal Subaward/Consortium

Funding Agency: New York State Dept. of Health

* Budget Type: Project Subaward/Consortium

Enter Name of Organization: New York Blood Center

* Start Date: 05-01-2013 * End Date: 04-30-2014 Budget Period: 2

Funds Requested (a)

F Other Direct Costs

52,000.00

Materials and Supplies

1,000.00

2. Publication Costs

ant Services

3. Consulta

Printer Services

4. ADP/Co

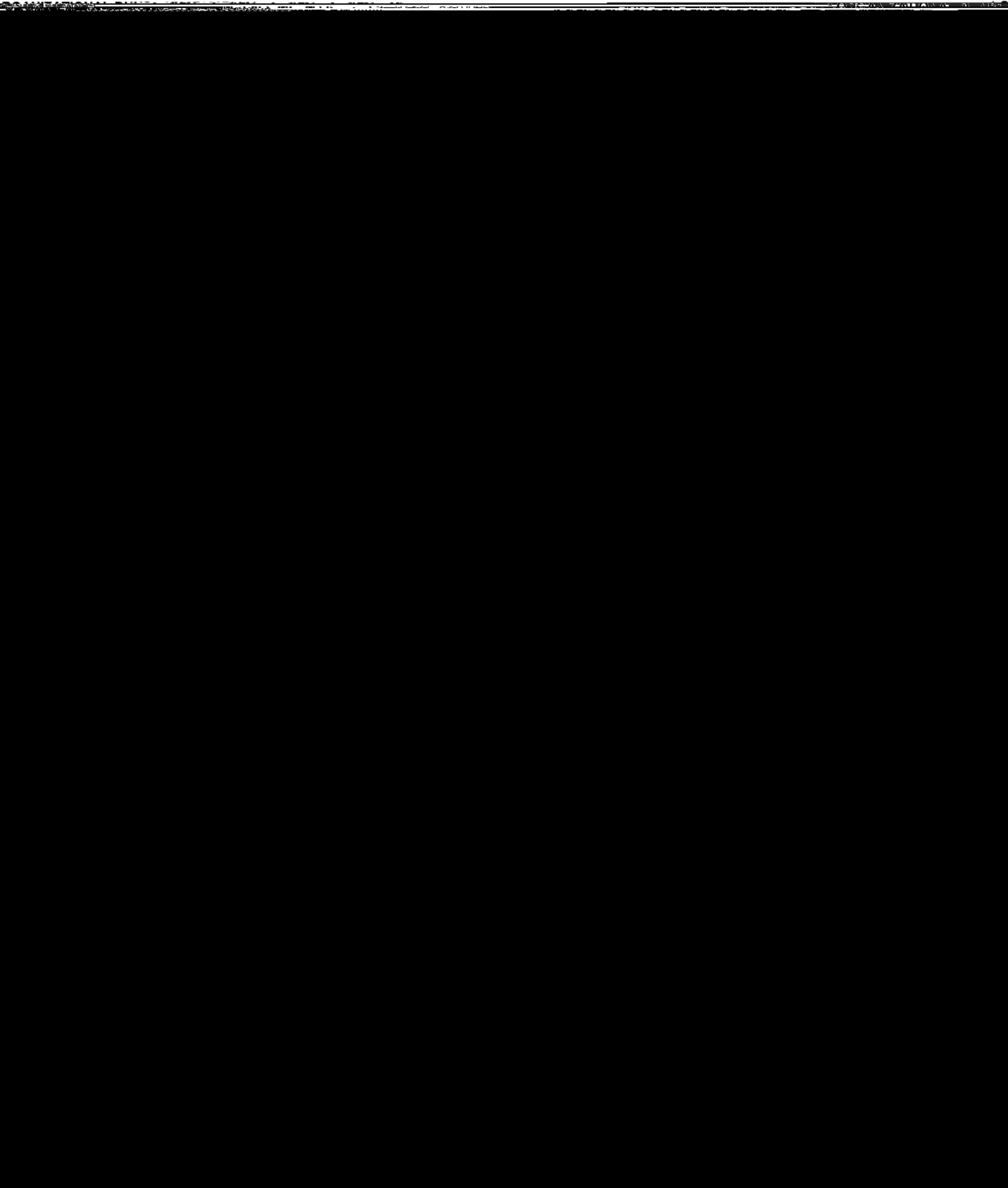
5,000.00

6,000.00

6,000.00

* ORGANIZATIONAL DUINS: 0792718270000

~~RESUME OF RESEARCH, PROFESSIONAL, AND PUBLICATIONS~~



* ORGANIZATIONAL DUNS: 0722749270000

ard/Consortium

* Budget Type: Project Subaward

* Start Date: 05-01-2014 * End Date: 04-30-2015 Budget Period: 3

Funds Requested (\$) = 1,000,000 Other Direct Costs = 7,649.00

1. Materials and Supplies

2. Publication Costs		3. Consultant Services	
4. A/D Computer Services		6. Equipment/ Facility/ Rental/ User Fees	
5. Subawards/Consortium/Contractual Costs	5,100.00	7. Alterations and Renovations	
	5,998.00	8. Animal Purchase and maintenance	
	2,649.00	9. Miscellaneous	

000 Other Direct Costs Total: 7,649.00

Funds Requested (\$)

Other Direct Costs

Indirect Costs

* Start Date: 05-01-2015 * End Date: 04-30-2016 Budget Period: 4

C. Equipment Description

Equipment Item	Funds Requested (\$)
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Total funds requested for all equipment listed in the attached file

Total Equipment

Additional Equipment:

File Name:

Mime Type:

View of the CS: Executions

- 1. US Travel Costs
- 2. Foreign Travel Costs

Total Available Cost 4,000.00



RESEARCH & RELATED BUDGET - SECTIONS F-K BUDGET PERIOD 4

ORGANIZATIONAL FUNDS: 073241024000

Research Consortium

Budget type: Project Subaward

Type of Organization: New York Blood Center

Enter name of Organization: New York Blood Center

Enter name of Organization

Budget Period: 4

* Start Date: 05-01-2015

* End Date: 04-30-2016

E

ORGANIZATIONAL DUNS: 0752718270000

Budget type: Grant, etc. Subaward/Consortium

*Project Type: Project Subaward/Consortium

Enter name of Organization: New York Blood Center

RESEARCH & RELATED BUDGET Cumulative Budget

Total (\$)

2003 2004 2005

2006 2007 2008 2009 2010

212,942,000

2003 2004 2005 2006 2007 2008 2009 2010

(Available to) (Available from)

PERSONNEL:

Time: 0.500 (0.400) A. ...
... about \$9,000, \$12,000, \$8,000, and ...
... pseudoviruses, T cell responses and cytotoxic T cell activity. Therefo

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

1490000

* ORGANIZATION: DUNS: 800771

Principal Investigator Program Director: ESTHER MICHELLE HERR, Ph.D.

* ORGANIZATIONAL NUMBER: 000774420002

* Budget Type: Project Subaward/Consortium

* Start Date: 05-01-2012 * End Date: 04-30-2013 Budget Period

1. Materials and Supplies	27,000.00
2. Publication Costs	
3. Consultant Services	
4. ADP/Computer Services	
5. Subawards/Consortium/Contractual Costs	
6. Equipment/Facility/Rental/Use Fees	
7. Other Direct Costs	
8. Animal care and maintenance	3,000.00
9. Core Charges (Bioplex, histology, pathology)	6,529.00
Total Direct Costs	33,529.00

Total Direct Costs (through F) 125,000.00

H. Indirect Costs			
Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Revenues
1. Modified total direct costs	52.00	195,000.00	
Total Indirect Costs		66,250.00	

DHHS Division of Cost Allocation, Nancy Maves, 202-491-2808

Commitment Federal Agency

Funds Requested (\$) 191,250.00

Total Direct and Indirect Costs

Total Direct and Indirect Institutional Costs (G + H) 191,250.00

Funds Requested (\$) **IL Fee**

Project Name: Project Type: application

(Only attach one file.)

RESEARCH RELATED BUDGET - SECTION 2 - 2.5 BUDGET PERIOD 2

* ORGANIZATIONAL DUNS: 8007711490000

* Budget Type: Project @ Software Consortium

Enter name of Organization: The University of Texas Medical Branch

* Start Date: 05-01-2013

* End Date: 04-30-2014

Budget Period: 2

Equipment Description

(c)

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

* Funds Requested (\$)

Equipment Item

Name

Additional Equipments

File Name

* ORGANIZATIONAL DUINS: 8007711490000

Package type: Pro.ec. Subawa. w/consortium

Enter name of organization:

Start Date: 05-01-2004 End Date: 04-30-2005

A. Senior/Man. Person

AGE 10 / Reynerson

III

(C) Months Months Months Salary (C) Benefits (C)

ORGANIZATIONAL DUNS: 8007711490000

* Organizational DUNS: 8007711490000

* Budget Type: Direct Indirect

of Texas Medical Branch

Enter name of Organization: The University

* Start Date: 05-01-2014

* End Date: 01-30-2015

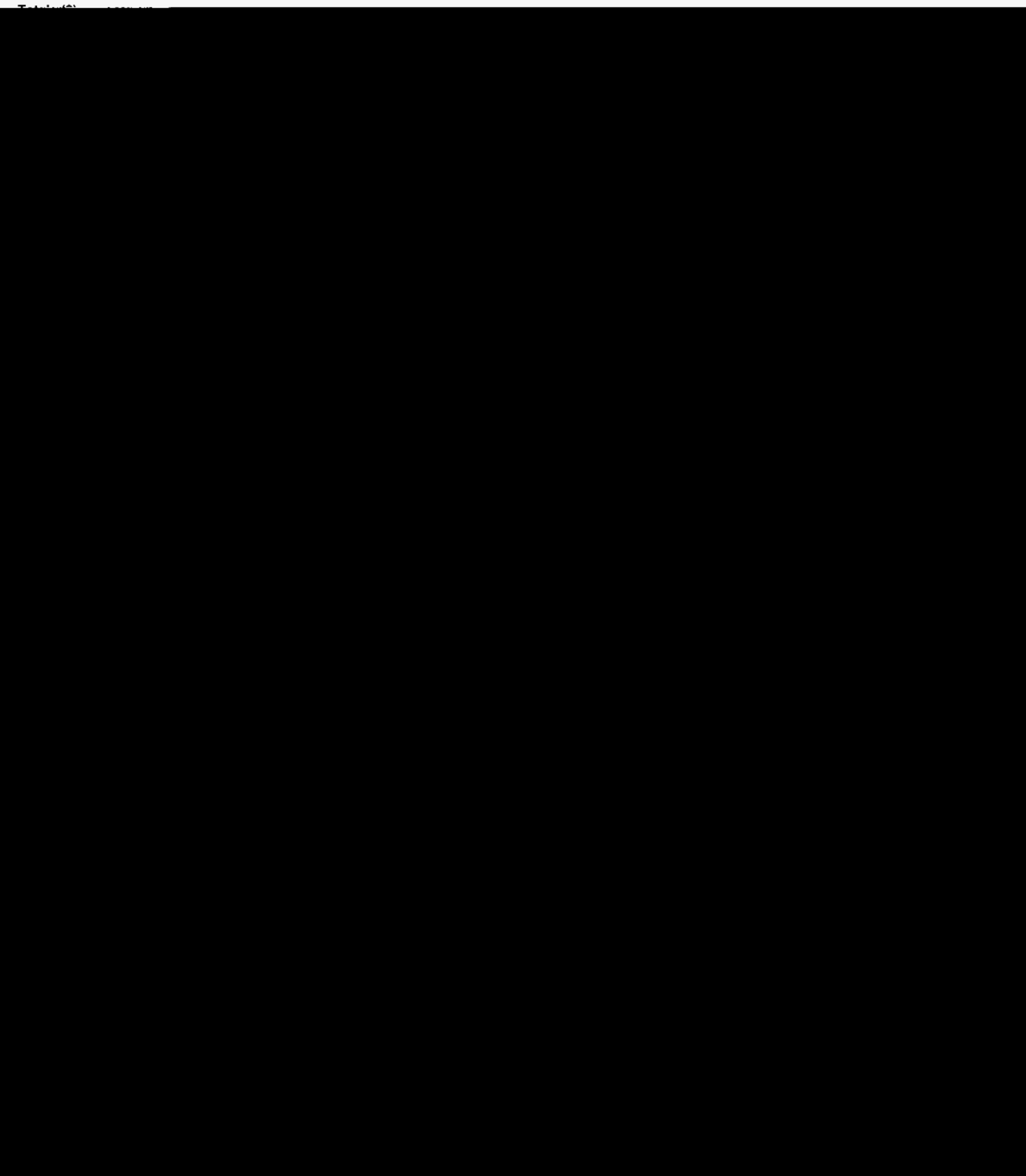
Budget Period: 2

at Description

C. Equipme

RESEARCH & RELATED BUDGET Cumulative Budget

Total(s)



PERSONNEL:

The HTMP O... ..

microcentrifugation tests. She will also maintain the mouse colonies. In addition, she will be responsible for record keeping and maintaining DR, BS-2 and mouse colonies.

Project Title: [REDACTED]

* First Name: [REDACTED]

Middle Name: [REDACTED]

Last Name: [REDACTED]

Suffix: [REDACTED]

2. Human Subjects

Clinical Trial?

