

<p>16. ESTIMATED PROJECT FUNDING</p> <p>a. * Total Estimated Project Funding <input style="width: 150px;" type="text"/></p> <p>b. * Total Federal & Non-Federal Funds <input style="width: 150px;" type="text"/></p> <p>c. * Estimated Program Income <input style="width: 150px;" type="text"/></p>	<p>17. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</p> <p>a. YES <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:</p> <p>DATE: _____</p> <p>b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR</p> <p><input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
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18. 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)

* 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.*

19. Authorized Representative

Prefix: * First Name: Middle Name: * Last Name: Suffix:

* Position/Title: * Organization:

Department: Division:

* Street1: Street2:

* City: County: * State:

Province: * Country: * ZIP / Postal Code:

* Phone Number: Fax Number: * Email:

*** Signature of Authorized Representative** *** Date Signed**

_____ Completed on submission to Grants.gov _____ Completed on submission to Grants.gov

20. Pre-application

21. Attach an additional list of Project Congressional Districts if needed.

PHS 398 Modular Budget, Periods 1 and 2

OMB Number: 0925-0001

Expiration Date: 9/30/2007

Budget Period: 1

Start Date:

End Date:

A. Direct Costs

* Funds Requested (\$)

* Direct Cost less Consortium F&A	150,000.00
Consortium F&A	<input type="text"/>
* Total Direct Costs	150,000.00

B. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	Modified Total Direct Cost	50	150,000.00	75,000.00
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"/>

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

Start Date:

End Date:

A. Direct Costs

* Funds Requested (\$)

* Direct Cost less Consortium F&A	150,000.00
Consortium F&A	<input type="text"/>
* Total Direct Costs	150,000.00

B. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	Modified Total Direct Cost	50	150,000.00	75,000.00
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"/>

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 (\$)

PHS 398 Modular Budget, Periods 3 and 4

OMB Number: 0925-0001

Expiration Date: 9/30/2007

Budget Period: 3	<input type="button" value="Reset Entries"/>	Start Date: <input type="text" value="07/01/2009"/>	End Date: <input type="text" value="06/30/2010"/>
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A. Direct Costs	* Funds Requested (\$)
* Direct Cost less Consortium F&A	<input type="text" value="150,000.00"/>
Consortium F&A	<input type="text"/>
* Total Direct Costs	<input type="text" value="150,000.00"/>

B. Indirect Costs			
	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1. Modified Total Direct Cost	<input type="text" value="50"/>	<input type="text" value="150,000.00"/>	<input type="text" value="75,000.00"/>
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"/>
Cognizant Agency (Agency Name, POC Name and Phone Number)		<input type="text" value="Jason Madigan, DHHS, 202-401-2808"/>	
Indirect Cost Rate Agreement Date	<input type="text" value="11/01/2005"/>	Total Indirect Costs	<input type="text" value="75,000.00"/>

C. Total Direct and Indirect Costs (A + B)	Funds Requested (\$)
	<input type="text" value="225,000.00"/>

Budget Period: 4	<input type="button" value="Reset Entries"/>	Start Date: <input type="text"/>	End Date: <input type="text"/>
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A. Direct Costs	* Funds Requested (\$)
* Direct Cost less Consortium F&A	<input type="text"/>
Consortium F&A	<input type="text"/>
* Total Direct Costs	<input type="text"/>

B. Indirect Costs			
	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"/>
Cognizant Agency (Agency Name, POC Name and Phone Number)		<input type="text"/>	
Indirect Cost Rate Agreement Date	<input type="text"/>	Total Indirect Costs	<input type="text"/>

C. Total Direct and Indirect Costs (A + B)	Funds Requested (\$)
	<input type="text"/>

PHS 398 Modular Budget, Period 5 and Cumulative

OMB Number: 0925-0001

Expiration Date: 9/30/2007

Budget Period: 5

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"/>

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 (\$)

Cumulative Budget Information

1. Total Costs, Entire Project Period

* Section A, Total Direct Cost less Consortium F&A for Entire Project Period	\$ <input type="text" value="450,000.00"/>
Section A, Total Consortium F&A for Entire Project Period	\$ <input type="text"/>
* Section A, Total Direct Costs for Entire Project Period	\$ <input type="text" value="450,000.00"/>
* Section B, Total Indirect Costs for Entire Project Period	\$ <input type="text" value="225,000.00"/>
* Section C, Total Direct and Indirect Costs (A+B) for Entire Project Period	\$ <input type="text" value="675,000.00"/>

2. Budget Justifications

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

Institution Name and Mailing Address:

Drexel University

Office of Research Compliance and Administration
3201 Arch Street, Suite 100
Philadelphia, Pa 19104-2875

**Philadelphia Health and Education Corporation
d/b/a Drexel University College of Medicine**

Office of Research Compliance and Administration
3201 Arch Street, Suite 100
Philadelphia, Pa 19104-2875

Tax ID Number: 23-1352630
Duns Number: 0026048170000
Human Subjects Assurance Number: 00001852

Tax ID Number: 23-2979433
Duns Number: 0611971610000
Human Subjects Assurance Number: 00005917

County:
Congressional District:

Philadelphia
2nd

Administrative Official Signing for Applicant Organizations:

Margaret Vigiolto
Associate Vice Provost
Office of Research Compliance & Administration
Drexel University
3201 Arch Street, Suite 100
Philadelphia, PA. 19104-2875

Telephone: 215-895-5849
Fax: 215-895-6699
e-mail: orca@drexel.edu

Cognizant Agency: DHHS
Contact: Jason Madigan – 202-401-2800
Rate Agreement Date: 11/01/2005