|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **FY16-17 RESEARCH AREA (RA) PROJECT PRE-PROPOSAL  APPLICATION FOR FUNDING** | | | | | | |
| 1. **LEGAL NAME OF ORGANIZATION TO WHICH AWARD SHOULD BE MADE** | | **3. NAME OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE** | | | **4. a. PHONE NUMBER** | |
|  | |
| **b. FAX NUMBER** | |
|  | |
| **c. E-MAIL ADDRESS** | |
|  | |
| **2. ADDRESS *(Give complete mailing address and Zip Code-including Country)*** | | **5. ADDRESS OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE *(If different from Item 2.)*** | | | | |
| **6. TITLE OF PROPOSED PROJECT (80-character Maximum, including spaces)** | | | | | | |
| **7. APPROXIMATE PERIOD OF PROPOSED PROJECT DATES**  MAY 2016 – APRIL 2018 | 8. DURATION REQUESTED 24 MONTHS | | | **9. TOTAL FUNDS REQUESTED**  **Year 1 $:**  **Year 2 $:**  **IDC Rate:**  **%1** | | |
| **10. PRINCIPAL INVESTIGATOR AND CO-INVESTIGATOR(S)** | | | **11. a. PI’S PHONE NUMBER**: | | | |
| **a. Name of Principal Investigator (First, Middle, Last)** | | | **b. FAX NUMBER**: | | | |
|  | | | **c. E-MAIL ADDRESS**: | | | |
| **b. Name of Co-Investigator #1 (First, Middle, Last)** | | | **12. PI’s BUSINESS ADDRESS** (Include Department/Zip Code)  **ALTERNATE SHIPPING ADDRESS** (i.e. FEDEX) | | | |
|  | | |
| **c. Name of Co-Investigator #2 (First, Middle, Last)** | | |
|  | | |
| **d. Name of Co-Investigator #3 (First, Middle, Last)** | | |
|  | | |
| **e. Name of Co-Investigator #4 (First, Middle, Last**) | | |
|  | | |
| **f. Name of Co-Investigator #5 (First, Middle, Last**) | | |
|  | | |
| **13. DESIGNATE WITH AN 'X' ONE RESEARCH AREA (RA) WHOSE DESCRIPTION AND PRIORITIES YOUR PROJECT IS DESIGNED TO ADDRESS.**  FHB Management (MGMT) \_\_\_\_  Food Safety and Toxicology (FST) \_\_\_\_  Gene Discovery and Engineering Resistance (GDER) \_\_\_\_  Pathogen Biology and Genetics (PBG) \_\_\_\_  None of the above \_\_\_\_ | | | **14. BELOW LIST THE FY16-17 RA-SPECIFIC RESEARCH PRIORITIES ADDRESSED BY THIS PROPOSED RESEARCH:** | | | |
| FOR OFFICE USE ONLY [ ]N [ ]C (\_\_\_\_) MGMT FST GDER PBG | | | | | | FY16- |

1IDC rate’ refers to Indirect Cost Rate or Overhead Rate (Not applicable for USDA-ARS PIs).

**PROJECT SUMMARY**

(Project Summary text should not exceed 400 words)

**PROJECT DESCRIPTION**

**BUDGET JUSTIFICATION FORM**

**Year 1 – FY16**

|  |  |
| --- | --- |
| **Title of Proposed Project:** | |
| **Principal Investigator:** | |
| **Total Amount Requested for Year 1 - FY16:** | **$** |

**Instructions:** Complete all applicable sections below. If budget category is not applicable, leave blank. NOTE: All amounts must be rounded to the nearest whole number.

|  |  |  |
| --- | --- | --- |
| **A. Direct Labor (salaries and wages):** List below the number and titles of personnel, percentage of time/total hours to be devoted to the grant, and rates of pay. Please list according to category/subcategory and include the amount requested for each sub category (i.e. Post Doc, Research Technician, Undergraduate Students, etc.) below and the total amount requested for the category (PI/PD, Other Professional Personnel, Support Personnel) in column on the right. | | **$ per Category** |
| **PI(s)/PD(s):** | | $ |
| **Other Professional Personnel** (Post Docs, Specialists (non-tenured faculty), and other administrative professionals): | | $ |
| Post Doc: | $ |
| Other Administrative Professionals: | $ |
| **Support Personnel** (research technicians, students (graduate and undergraduate), and temporary employees): | | $ |
| Research Technician(s): | $ |
| Graduate Student(s): | $ |
| Undergraduate Student(s): | $ |
| Temporary Employee(s): | $ |

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| --- | --- | --- |
| **B. Fringe Benefits:** For each category of personnel, list below the fringe rates, etc. Include the amount requested for each subcategory (i.e. Post Doc, Research Technician, Undergraduate Students, etc.) below next to ‘$’ and the total amount requested for the category (PI/PD, Other Professional Personnel, Support Personnel) in column on the right. | | **$ per Category** |
| **PI(s)/PD(s):** | | $ |
| **Other Professional Personnel** (Post Docs, Specialists (non-tenured faculty), and other administrative professionals): | | $ |
| Post Doc: | $ |
| Other Administrative Professionals: | $ |
| **Support Personnel** (research technicians, students (graduate and undergraduate), and temporary employees): | | $ |
| Research Technician(s): | $ |
| Graduate Student(s): | $ |
| Undergraduate Student(s): | $ |
| Temporary Employee(s): | $ |

|  |  |
| --- | --- |
| **D. Nonexpendable Equipment:** List below equipment items, relevance to proposed research and dollar amounts. Include cost per item | **Total $ Requested** |
|  | $ |

|  |  |  |
| --- | --- | --- |
| **E. Materials and Supplies (M/S):** Provide below as much detail and specificity as possible for all materials and supplies associated with proposed research. Materials and Supplies should be described in detail e.g., chemical reagents, computer paper and supplies, glassware, lumber, etc. under each sub category (Field, Greenhouse, Laboratory and Other). Include total amount per sub category below next to ‘$’ and total amount requested for M/S in column on the right (i.e. Total $ Requested). | | **Total $ Requested** |
| **Field**: | $ | $ |
| **Greenhouse**: | $ |
| **Laboratory**: | $ |
| **Other**: | $ |

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| --- | --- | --- |
| **F.1. Domestic Travel (DT):** List below proposed trips individually and describe their purpose in relation to the grant. Also provide dates, destination, and number of travelers where known. Include total amount per sub category below next to ‘$’and total amount requested for DT in column on the right. | | **Total $ Requested** |
| **Research Related** (e.g. travel to research plots): | $ | $ |
| **Non-Research Related** (i.e. professional meetings): | |
| FHB Forum: | $ |
| Other Conferences/Meetings: | $ |

|  |  |  |
| --- | --- | --- |
| **F.2. Foreign Travel (FT):** List below proposed trips individually and describe their purpose in relation to the grant. Also provide dates, destination, and number of travelers where known. Include total amount per sub category below and total amount requested for FT in column on the right. | | **Total $ Requested** |
| **Research Related** (e.g. travel to research plots, international nurseries): | $ | $ |
| **Non-Research Related** (i.e. professional meetings): | $ |

|  |  |
| --- | --- |
| **G. Publications Costs/Page Charge:** Provide below an estimated number of papers, total pages, and total cost. | **Total $ Requested** |
|  | $ |

|  |  |
| --- | --- |
| **H. Computer (ADPE) Services/Costs:** Provide below the type of service and total cost. | **Total $ Requested** |
|  | $ |

|  |  |  |
| --- | --- | --- |
| **I. Other Direct Costs (ODC):** Under each relevant sub category below, enter a brief description, and basis for the estimate (i.e. individual fee rate/price). Include total amount per sub category below next to ‘$’ and total amount requested for ODC in column on the right. | | **Total $ Requested** |
| **Equipment/Facility/Land Rental and User Fees**: | $ | $ |
| **Laboratory Animal Fees**: | $ |
| **Service/Maintenance Contracts**: | $ |
| **U.S.** **based Winter Nurseries**: | $ |
| **International Nurseries**: | $ |
| **Double Haploids**: | $ |
| **Other Analyses/Services:** | $ |
| **Communication (postage, shipping, fax, long distance phone)**: | $ |
| **Photocopying**: | $ |
| **Sub Contracts**: | $ |
| **Tuition Remission**: | $ |
| **Other** (describe): | $ |

|  |  |
| --- | --- |
| **J. Indirect Costs (IDC):** Provide below your Institution’s approved Indirect Cost (IDC) rate for USWBSI/USDA-ARS grants. | **Total $ for IDC** |
|  | $ |

|  |  |
| --- | --- |
| **M. Small Business Act – SBIR Fee:** The SBIR fee is a Congressional mandated fee charged to all ARS/USWBSI grants and is applicable to all non-ARS PIs. The rate for FY16 is 3.0% and will be applied at the time of award to the USWBSI’s recommended amount. The **Formula** for calculating the fee is below:  Step 1 – Multiply the ‘Total Direct and Indirect Costs’ Amount (K) by the SBIR fee % (.030)  Step 2 – Add the SBIR Fee Amount to the Total Amount for Direct and Indirect Costs to get the ‘Total Amount of this Request.’ | **SBIR Fee Amount** |
|  | $ |

**BUDGET JUSTIFICATION FORM**

**Year 2 – FY17**

|  |  |
| --- | --- |
| **Title of Proposed Project:** | |
| **Principal Investigator:** | |
| **Total Amount Requested for Year 2 - FY17:** | **$** |

**Instructions:** Complete all applicable sections below. If budget category is not applicable, leave blank. NOTE: All amounts must be rounded to the nearest whole number.

|  |  |  |
| --- | --- | --- |
| **A. Direct Labor (salaries and wages):** List below the number and titles of personnel, percentage of time/total hours to be devoted to the grant, and rates of pay. Please list according to category/subcategory and include the amount requested for each sub category (i.e. Post Doc, Research Technician, Undergraduate Students, etc.) below and the total amount requested for the category (PI/PD, Other Professional Personnel, Support Personnel) in column on the right. | | **$ per Category** |
| **PI(s)/PD(s):** | | $ |
| **Other Professional Personnel** (Post Docs, Specialists (non-tenured faculty), and other administrative professionals): | | $ |
| Post Doc: | $ |
| Other Administrative Professionals: | $ |
| **Support Personnel** (research technicians, students (graduate and undergraduate), and temporary employees): | | $ |
| Research Technician(s): | $ |
| Graduate Student(s): | $ |
| Undergraduate Student(s): | $ |
| Temporary Employee(s): | $ |

|  |  |  |
| --- | --- | --- |
| **B. Fringe Benefits:** For each category of personnel, list below the fringe rates, etc. Include the amount requested for each subcategory (i.e. Post Doc, Research Technician, Undergraduate Students, etc.) below next to ‘$’ and the total amount requested for the category (PI/PD, Other Professional Personnel, Support Personnel) in column on the right. | | **$ per Category** |
| **PI(s)/PD(s):** | | $ |
| **Other Professional Personnel** (Post Docs, Specialists (non-tenured faculty), and other administrative professionals): | | $ |
| Post Doc: | $ |
| Other Administrative Professionals: | $ |
| **Support Personnel** (research technicians, students (graduate and undergraduate), and temporary employees): | | $ |
| Research Technician(s): | $ |
| Graduate Student(s): | $ |
| Undergraduate Student(s): | $ |
| Temporary Employee(s): | $ |

|  |  |
| --- | --- |
| **D. Nonexpendable Equipment:** List below equipment items, relevance to proposed research and dollar amounts. Include cost per item | **Total $ Requested** |
|  | $ |

|  |  |  |
| --- | --- | --- |
| **E. Materials and Supplies (M/S):** Provide below as much detail and specificity as possible for all materials and supplies associated with proposed research. Materials and Supplies should be described in detail e.g., chemical reagents, computer paper and supplies, glassware, lumber, etc. under each sub category (Field, Greenhouse, Laboratory and Other). Include total amount per sub category below next to ‘$’ and total amount requested for M/S in column on the right (i.e. Total $ Requested). | | **Total $ Requested** |
| **Field**: | $ | $ |
| **Greenhouse**: | $ |
| **Laboratory**: | $ |
| **Other**: | $ |

|  |  |  |
| --- | --- | --- |
| **F.1. Domestic Travel (DT):** List below proposed trips individually and describe their purpose in relation to the grant. Also provide dates, destination, and number of travelers where known. Include total amount per sub category below next to ‘$’and total amount requested for DT in column on the right. | | **Total $ Requested** |
| **Research Related** (e.g. travel to research plots): | $ | $ |
| **Non-Research Related** (i.e. professional meetings): | |
| FHB Forum: | $ |
| Other Conferences/Meetings: | $ |

|  |  |  |
| --- | --- | --- |
| **F.2. Foreign Travel (FT):** List below proposed trips individually and describe their purpose in relation to the grant. Also provide dates, destination, and number of travelers where known. Include total amount per sub category below and total amount requested for FT in column on the right. | | **Total $ Requested** |
| **Research Related** (e.g. travel to research plots, international nurseries): | $ | $ |
| **Non-Research Related** (i.e. professional meetings): | $ |

|  |  |
| --- | --- |
| **G. Publications Costs/Page Charge:** Provide below an estimated number of papers, total pages, and total cost. | **Total $ Requested** |
|  | $ |

|  |  |
| --- | --- |
| **H. Computer (ADPE) Services/Costs:** Provide below the type of service and total cost. | **Total $ Requested** |
|  | $ |

|  |  |  |
| --- | --- | --- |
| **I. Other Direct Costs (ODC):** Under each relevant sub category below, enter a brief description, and basis for the estimate (i.e. individual fee rate/price). Include total amount per sub category below next to ‘$’ and total amount requested for ODC in column on the right. | | **Total $ Requested** |
| **Equipment/Facility/Land Rental and User Fees**: | $ | $ |
| **Laboratory Animal Fees**: | $ |
| **Service/Maintenance Contracts**: | $ |
| **U.S.** **based Winter Nurseries**: | $ |
| **International Nurseries**: | $ |
| **Double Haploids**: | $ |
| **Other Analyses/Services:** | $ |
| **Communication (postage, shipping, fax, long distance phone)**: | $ |
| **Photocopying**: | $ |
| **Sub Contracts**: | $ |
| **Tuition Remission**: | $ |
| **Other** (describe): | $ |

|  |  |
| --- | --- |
| **J. Indirect Costs (IDC):** Provide below your Institution’s approved Indirect Cost (IDC) rate for USWBSI/USDA-ARS grants. | **Total $ for IDC** |
|  | $ |

|  |  |
| --- | --- |
| **M. Small Business Act – SBIR Fee:** The SBIR fee is a Congressional mandated fee charged to all ARS/USWBSI grants and is applicable to all non-ARS PIs. The rate for FY17 is 3.2% and will be applied at the time of award to the USWBSI’s recommended amount. The **Formula** for calculating the fee is below:  Step 1 – Multiply the ‘Total Direct and Indirect Costs’ Amount (K) by the SBIR fee % (.032)  Step 2 – Add the SBIR Fee Amount to the Total Amount for Direct and Indirect Costs to get the ‘Total Amount of this Request.’ | **SBIR Fee Amount** |
|  | $ |

**INDIVIDUAL RESEARCH AREA PRE-PROPOSAL BUDGET**

|  |  |  |  |
| --- | --- | --- | --- |
| PROJECT TITLE (*Same as ‘Cover Page’*): | | **FY16 Funds Requested**  **(Year 1)** | **FY17 Funds Requested**  **(Year 2)** |
| **PRINCIPAL INVESTIGATOR:** | |
| A. Salaries and Wages  **1. PI(s)/PD(s)** **** | |  |  |
| **2. Other Professional Personnel** ****  *(e.g. Post-Docs, Specialists and other administrative professionals)* | |  |  |
| **3. Support Personnel** ****  *(e.g. research technicians, students (graduate and undergraduate), secretarial-clerical and temporary employees)* | |  |  |
| **Total Salaries and Wages**  **** | |  |  |
| **B.** **Fringe Benefits** (If charged as Direct Costs) **** | |  |  |
| **C. Total Salaries, Wages, and Fringe Benefits (A plus B)** **** | |  |  |
| **D.** **Nonexpendable Equipment** (A detailed explanation listing items and dollar amounts should be included in the Budget Justification.) **** | |  |  |
| **E**. **Materials and Supplies** **** | |  |  |
| **F**. **Travel**  1. Domestic (i.e. within U.S.) ****  **Do you plan to attend the National FHB Forum?**  2. Foreign (List destination and amount for each trip in Budget Justification) **** | |  |  |
| **2016**  **YES [ ] NO [ ]** | **2017**  **YES [ ] NO [ ]** |
|  |  |
| **G.** **Publication Costs/Page Charges**  **** | |  |  |
| **H.** **All Other Direct Costs** (A detailed explanation listing items and dollar amounts should be included in the Budget Justification.) **** | |  |  |
| **I. Total Direct Costs** (C through I) **** | |  |  |
| **J. Indirect Costs If Applicable** (*Not applicable for PIs affiliated with ARS.)* ****  **Rate:**  **Base:** | |  |  |
| **K. Total Direct and Indirect Costs** (I plus J) **** | |  |  |
| **L. Small Business Act - SBIR Fee** *(3.0% for FY16; 3.2% for FY17)* ****  (*Not applicable for PIs affiliated with ARS)* | |  |  |
| **M. Total Amount of This Request** **** | | **$** | **$** |
| PRINCIPAL INVESTIGATOR’S NAME  (Type or Print) | **PI’s E-SIGNATURE**  (Insert image of signature or print, sign and scan to PDF) | | **DATE** |
|  |  | |  |

If the Multi-PI Budget Worksheet is used in place of this form, please delete this form from File 1 before uploading to EPS System.