

Instructions for Completing the Interactive Modular Grant Worksheet

To navigate through the form, click on the PI Name field with your mouse and hit the tab key to continue, or simply use the mouse to select other fields on the form.

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NIH Modular Grant Worksheet

Modular grant applications may be submitted for all unsolicited new, revised, and competing continuation RO1, RO3, R15, R21, R41, and R43 grants and competing supplements. Use this checklist *only* if proposed direct costs for each budget year do not exceed \$250,000. If direct costs for any budget year exceed \$250,000, please complete standard budget form pages DD and EE in the PHS 398 application packet. ***This checklist, along with a budget narrative, should be provided to the Office for Sponsored Programs at least one week prior to the submission date of the proposal.*** Please complete all relevant sections below and attach any additional pages as needed.

PI Name: _____ School/Department/Center: _____

Project Title: _____

Project Location: On Campus or Off Campus

Below, indicate the number of modules @ \$25,000/module for each year of the project (must not be > 10).

Year 1 - Year 2 - Year 3 - Year 4 - Year 5 -

Income Fund Reimbursable (IFR) Transactions

List the name, percentage of effort, year or years in which the effort will take place, and total dollar amount requested for the PI as well as any other University at Albany faculty participating in the project.

Name	% Effort	Year(s)	Amount Requested
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Tuition

Identify the number of students who will receive tuition payments on the grant, the tuition amount per student, and the total amount requested for each year of the project.

Year 1	No. Students _____	Tuition Amount/Student \$ _____	Amount Requested \$ _____
Year 2	No. Students _____	Tuition Amount/Student \$ _____	Amount Requested \$ _____
Year 3	No. Students _____	Tuition Amount/Student \$ _____	Amount Requested \$ _____
Year 4	No. Students _____	Tuition Amount/Student \$ _____	Amount Requested \$ _____
Year 5	No. Students _____	Tuition Amount/Student \$ _____	Amount Requested \$ _____

Equipment

List items with a unit cost of \$5,000 or more and a useful life of at least one year. Please include the name of the item, the year of the project in which it will be purchased, and the amount of funding requested.

Item	Year	Amount Requested
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Subcontracts

List the organization/institution name of the proposed subrecipient and the amount requested for each year of the project.

Organization/Institution Name

Amount Requested

Yr1: \$ _____ Yr2: \$ _____ Yr3: \$ _____ Yr4: \$ _____ Yr5: \$ _____

Renovations

Provide a brief description of the proposed renovation, the budget year in which the renovation is proposed, and the projected cost of the renovation.

Description	Year	Amount Requested
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Rental of Facilities (Off Campus Projects)

For projects where office space is rented off campus, provide the amount of rent included for each year of the project.

Year 1 Amount \$ _____

Year 2 Amount \$ _____

Year 3 Amount \$ _____

Year 4 Amount \$ _____

Year 5 Amount \$ _____

Principal Investigator

Date