Budget

				C	heck Fo	orm for	Errors	Save					
	Ne	ext Period		RESEARCH	l & REI	LATED	BUDGE	T - Bud	get Peri	od 1	Delete P	eriod	OMB Number: 4040-0001 Expiration Date: 10/31/2019
ORGANIZATIO	NAL DUNS:	10371733600	ente	r name of Organi	ization:	City	and Cou	nty of S	er – sen	DH			
Dudget Tops	Project	_	d/Consortium								Ford Date	05/03/00	
Budget Type:	_ ,	△ Subawan	u/Consortium			Buag	et Period	:1 5	art Date	12/15/2020	End Date	07/31/20	21
A. Senior/Key	Person												
Prefix	First	Middle	Last	Suffix	Bas	e Salary	(\$) C	Monti al. Acad	ns d. Sum.	Requested Salary (\$)		Fringe Benefits (\$)	Funds Requested (\$)
X Dr	Albert		Liu	•				20 12.0	00	19,20	30.00	6,731.	00 25,961.00
Project Role:	PD/PI]		
Add Addition	nal Key Person												
Additional Coning	. K B			Add Atta	chment	Delete	Attachme	nt View	Attachme			for all Senior	
Additional Senior	r Key Persons: ∟									Key Fel		attached file	25,961.00
D. Other Deser											Total Senior	/Key Person	25,561.00
B. Other Perso	onnei												
Number of Personnel	Project F	Role				Cal.	Months Acad.	Sum.		equested Salary (\$)		inge fits (\$)	Funds Requested (\$)
	Post Doctoral A	Associates			[
	Graduate Stude	ents											
	Undergraduate												
v .	Secretarial/Cle	ncai											
Add Additional	Other Personne	al											
Add Additional			_									_	
	Total Number O	ther Personne	I					Total (Salanı \	Nages and Fr		er Personnel	
								TOTAL S	salai y, 1	wayes and Fi	ilige belle	ilis (A+D)	25,961.00
C. Equipmer	nt Descriptio	n											
List items and Equipment		nt for each it	tem exceeding	\$5,000					Fund	s Requested (\$)			
х	Item								i unu	s requesteu (\$)			
Add Additi	ional Equipmer	nt											
Additional Equi	ipment:				Add Atta	chment	Dele	ete Attach	ment	View Attachme	ent		
		т	Total funds reque	sted for all equip	ment lis	ted in th	e attache	d file					
						To	tal Equip	ment					
D. Travel									Fund	ls Requested (\$))		
	Travel Costs (Incl. Canada	, Mexico and U.	S. Possessions)				[,,			
2. Foreign Ti	ravel Costs							Ì					
						To	tal Travel	Cost					
E. Participan	nt/Trainee Su	pport Cost	ts						Fund	ls Requested (\$)		
	es/Health Insu									o rioquosiou (4)			
2. Stipends								Ì					
3. Travel								Ì					
4. Subsisten	ce							Ĭ					
5. Other													
Numb	er of Participan	ts/Trainees		Total Part	ticipant/	Trainee	Support (Costs					

۱٠.	Other Direct Costs		Funds Requested (\$)		
1.	Materials and Supplies				
2.	Publication Costs				
3.	Consultant Services				
4.	ADP/Computer Services				
5.	Subawards/Consortium/Contractual Costs	ĺ			
6.	Equipment or Facility Rental/User Fees	j		Ī	
7.	Alterations and Renovations	Ì		Ī	
8.		ΙÏ		Ī	
9.		İİ		Ī	
10.		İİ		ī	
10.	Total Other Direct Costs	֡֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֜֜֡֓֓֓֓֡֓֡֓֡֡֜֡֓֓֓֡֓֡֡֓֡		i	
	Total other brook cooks	' '		_	
G. I	Direct Costs	_	Funds Requested (\$)	7	
	Total Direct Costs (A thru F)) L	25,961.0	0	
	Indirect Costs				
п. і	Indirect Costs			_	
	Indirect Cost Type Indirect Cost Rate (%) Indirect Cost Base (\$)	ı	Funds Requested (\$)		
	25% of Total Personnel Cost 25.00 25,961.00		6,490.0	0	
- 1	Add Additional Indirect Cost	_		7	
	Total Indirect Costs	;	6,490.0		
	gnizant Federal Agency				
	ency Name, POC Name, and C Phone Number)				
I. T	otal Direct and Indirect Costs		Funds Requested (\$)		
	Total Direct and Indirect Institutional Costs (G + H))	32,451.0	0	
				_	
<u>J. F</u>	Fee	_	Funds Requested (\$)		
k 1	Total Costs and Fee		Funda Daguastad (\$)		
κ.	Total Costs and Fee (I + J	١	Funds Requested (\$) 32,451.0	0	
		, .	,	_	
<u>L. E</u>	Budget Justification			-	
(Onl	ly attach one file.) Add Attachment Delete Attach	mer	nt View Attachment		
	Check Form for Errors Sa	ive			
п	RESEARCH & RELATED BUDGET - B	ud	_ get Period 2 □	Dalata Daniad	OMB Number: 4040-0001
Р	Previous Period Next Period		L	Delete Period	Expiration Date: 10/31/2019
OF	RGANIZATIONAL DUNS: 1037173360000 Enter name of Organization: City and County of	of S	F - SFDPH		
Bu	udget Type: Project Subaward/Consortium Budget Period: 2	Si	art Date: 08/01/2021	End Date: 07/31/20	22
Α.	Senior/Key Person				
	M	onti	ns Requested	Fringe	Funds
	Buot Guidi J (4)	Aca	d. Sum. Salary (\$)	Benefits (\$)	Requested (\$)
Х	Dr Albert Liu 192,300.00 1.20 1	12.0	19,23	0.00 6,731.	00 25,961.00
	Project Role: PD/PI				
	Add Additional Key Person				
	Add Markey of Delete Markey of D	r:	Total Funds	requested for all Senior	
Add	ditional Senior Key Persons: Add Attachment Delete Attachment	/Iew	Attachment Key Per	sons in the attached file	
				Total Senior/Key Person	25,961.00
В.	Other Personnel				
	Number of Months		Requested	Fringe	Funds
	Personnel Project Role Cal. Acad. Sum	n.	Salary (\$)	Benefits (\$)	Requested (\$)
	Post Doctoral Associates				
	Graduate Students				
	Undergraduate Students				
	Secretarial/Clerical				
Х					
A	dd Additional Other Personnel				
	Total Number Other Personnel			Total Other Personnel	
		al s	Salary, Wages and Fri		25,961.00
				- ' -/	20,001.00

C. Equipment Description			
List items and dollar amount for each item exceedin Equipment item	3 \$5,000	Funds Requested	(\$)
x			
Add Additional Equipment			
Additional Equipment:	Add Attachment	Delete Attachment View Attach	nment
Total funds reg	ested for all equipment listed in the atta	iched file	
·		quipment	
D. Travel		Funds Requested	(\$)
Domestic Travel Costs (Incl. Canada, Mexico and I	J.S. Possessions)		
2. Foreign Travel Costs			
	Total Tr	avel Cost	
E. Participant/Trainee Support Costs		Funds Requested	1 (\$)
Tuition/Fees/Health Insurance		T undo Troqueotou	(4)
2. Stipends			
3. Travel			
4. Subsistence			
5. Other			
Number of Participants/Trainees	Total Participant/Trainee Supp	ort Costs	
F. Other Direct Costs		Funds Requested (\$)	
Materials and Supplies		Tulius Requesteu (4)	Т
2. Publication Costs			=
3. Consultant Services			=
ADP/Computer Services			=
Subawards/Consortium/Contractual Costs			=
Equipment or Facility Rental/User Fees			=
Alterations and Renovations			=
			=
8.			╡
9.			╡
10.			┥
	Total Other Direc	t Costs	
G. Direct Costs		Funds Requested (\$)	_
	Total Direct Costs (A t	hru F) 25,961.0	0
H. Indirect Costs			_
Indirect Cost Type	Indirect Cost Rate (%) Indirect Cost B	ase (\$) Funds Requested (\$)	_
X 25% of Total Personnel Cost	25.00 25,9	6,490.0	0
Add Additional Indirect Cost			_
	Total Indirect	Costs 6,490.0	0
Cognizant Federal Agency			
(Agency Name, POC Name, and POC Phone Number)			
I. Total Direct and Indirect Costs		5	
	and Indirect Institutional Costs (Funds Requested (\$) G + H) 32,451.0	0
Total Direc	una manece mattational costs (0.11)	
J. Fee		Funds Requested (\$)	_
V. T-4-1 C-4 1 F			
K. Total Costs and Fee	Total Costs and Fac	Funds Requested (\$)	
	Total Costs and Fee	(I + J) 32,451.0	의
L. Budget Justification			=
(Only attach one file.)	Add Attachment Delete	e Attachment View Attachment	

					Che	eck Form fo	or Errors	Save					
Previo	ous Period	Nex	rt Period		RESEARCH	& RELATE	D BUDGI	T - Bud	get Per	iod 3	Delete F	eriod	OMB Number: 4040-000 Expiration Date: 10/31/201
ORGA	NIZATIONAL	DUNS:	1037173360000	Enter	name of Organiz	ation: Cit	y and Co	inty of S	F - SFI	OPH			
Budget	t Type:	Project	Subaward/	Consortium		Buo	lget Perio	i: 3 Si	art Date	08/01/2022	End Date	07/31/20	23
A. Seni	ior/Key Per	son											
Prefi	x Fi	rst	Middle	Last	Suffix	Base Salar	ry (\$)	Monti Cal. Aca		Requested Salary (\$)		Fringe Benefits (\$)	Funds Requested (\$)
X Dr		lbert		Liu	•	192	,300.00	1.20 12.0	00	19,23	0.00	6,731.	25,961.0
Proje	ect Role: PD/	'PI	_										
Add	Additional Ke	ey Person								Total Funda	roguested	for all Senior	
Addition	al Senior Key	Persons:			Add Attach	ment Dele	te Attachme	nt View	Attachme			attached file	
											Total Senio	r/Key Person	25,961.0
B. Othe	er Personne	el											
Numl Perso	ber of onnel	Project R	ole			Cal.	Months Acad.	Sum.		Requested Salary (\$)		inge efits (\$)	Funds Requested (\$)
	Post	t Doctoral As	ssociates										
		duate Stude											
		ergraduate (retarial/Cleri											
Х													
Add A	dditional Othe	er Personne											
	Tota	l Number Ot	her Personnel									er Personnel	
								Total	Salary,	Wages and Fr	inge Ben	efits (A+B)	25,961.0
	uipment												
			mount for	each item e	exceeding \$5	,000							
X	quipment i	tem] [Funds Req	uestea (\$)
	dd Additio	anal Equi	nmont	 									
	dd Additio		pment							1			
Additio	onal Equip	ment:					Add	l Attachi	ment	Delete A	ttachmen	it View	/ Attachment
				Total	funds requeste	ed for all e	equipme	nt listed	l in the	attached file	•		
									Tot	al Equipmen	t		
D. Tra	avel											Funds Req	uested (\$)
1. D	omestic T	ravel Co	sts (Incl. (Canada, Me	xico and U.S.	Possess	ions)						
2. F	oreign Tra	avel Cos	ts										
									Tota	al Travel Cos	, =		
			e Suppor									Funds Req	uested (\$)
1. T	uition/Fee	es/Health	Insurance										
2 . S	tipends												
3. T	ravel												
4 . S	ubsistenc	e											
5. O	ther												
	Numbe	r of Parti	cipants/Tra	inees		Tota	l Partici	oant/Tra	inee S	upport Costs	3		

F.	Other Direct Costs	Funds Requested (\$)
1.	Materials and Supplies	
2.	Publication Costs	
3.	Consultant Services	
4.	ADP/Computer Services	
5.	Subawards/Consortium/Contractual Costs	
6.	Equipment or Facility Rental/User Fees	
7.	Alterations and Renovations	
8.		
9.		
10.		
	Total Other Direct Costs	
<u> </u>	Discot Conta	
G.	Direct Costs Total Direct Costs (A thru F)	Funds Requested (\$) 25,961.00
	Total Direct Costs (A tillu F)	25,561.00
Н. І	ndirect Costs	
	Indirect Cost Type Indirect Cost Rate (%) Indirect Cost Base (\$)	Funds Requested (\$)
х	25% of Total Personnel Cost 25.00 25,961.00	6,490.00
	Add Additional Indirect Cost	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Total Indirect Costs	6,490.00
		0,450.00
Cog (Age	pnizant Federal Agency ency Name, POC Name, and	
	Phone Number)	
<u>I. T</u>	otal Direct and Indirect Costs	Funds Requested (\$)
	Total Direct and Indirect Institutional Costs (G + H)	32,451.00
		5d- Dtd (#)
<u>J. F</u>	-ee	Funds Requested (\$)
Κ.	Total Costs and Fee	Funds Requested (\$)
	Total Costs and Fee (I + J)	32,451.00
<u>L.</u> E	Budget Justification	
	v attach one file) Add Attachment Delete Attachmen	ent View Attachment

					Check	k Form for	Errors	Save					
Pr	revious Per	riod	ext Period		RESEARCH & I	RELATED	BUDGE	T - Bud	lget Peri	od 4	Dele	te Period	OMB Number: 4040-000 Expiration Date: 10/31/201
OR	GANIZATIO	ONAL DUNS:	103717336000	Enter	name of Organizati	on: City	and Cou	nty of	SF - SFD	PH			
Bu	dget Type:	Project	Subaward	/Consortium		Budg	jet Period	:4 \$	start Date:	08/01/2023	End	Date: 07/31/20	24
A. 9	Senior/Key	/ Person											
	Prefix	First	Middle	Last		Base Salary	(*)		d. Sum.	Requested Salary (\$)		Fringe Benefits (\$)	Funds Requested (\$)
X		Albert		Liu	<u> </u>	192,	300.00	.30 12.	00	4,8	08.00 1	1,683.	00 6,491.0
	Project Role										J		
	Add Addillo	nal Key Person								Total Funds	reques	sted for all Senior	
Addi	itional Senio	r Key Persons:			Add Attachme	Delete	e Attachmer	nt Viev	v Attachme			the attached file	
В. (Other Pers	sonnel									Total S	enior/Key Person	6,491.0
	Number of Personnel	Project F	Role			Cal.	Months Acad.	Sum.		equested Salary (\$)		Fringe Benefits (\$)	Funds Requested (\$)
į	Cradinici	Post Doctoral A				Cui.	Acad.	Julii.		saidiy (4)		Deficitio (4)	ricquested (4)
Ī		Graduate Stude	ents										
Į		Undergraduate											
×		Secretarial/Cle	iicai			1							
Ad	dd Additiona	l Other Personne	el										
		Total Number O	ther Personnel								Total	Other Personnel	
								Total	Salary, \	Nages and Fr	inge E	Benefits (A+B)	6,491.0
c.	Equipn	nent Desc	ription										
			•	r each item	exceeding \$5,	000							
_		ent item									_	Funds F	Requested (\$)
Х													
	Add Ad	ditional Equ	uipment										
Add	ditional E	quipment:					Ac	id Atta	chment	Delete	Atta	chment V	/iew Attachment
				Total	funds requeste	d for all	equipm	ent lis	ted in ti	he attached	file		
									Te	otal Equipm	ent		
D.	Travel											Funds F	Requested (\$)
1.		stic Travel C	costs (Incl.	Canada, Me	exico and U.S.	Possess	sions)						
2.		n Travel Cos		,									
	. 0.0.9								_				
									10	otal Travel C	ost		
E.	Particip	oant/Train	ee Suppo	rt Costs								Funds F	Requested (\$)
1.	Tuition	/Fees/Healt	h Insuranc	е									
2.	Stipen	ds											
3.	Travel												
4.	Subsis												
5.	Other												
J.													
	Mu	umber of Dar	ticinante/Tr	aineee		Total	al Dartic	inant/	Trainaa	Support Co	oto	1	

F.	Other Direct Costs		Funds Requested (\$)
1.	Materials and Supplies		
2.	Publication Costs		
3.	Consultant Services		
4.	ADP/Computer Services	Ī	
5.	Subawards/Consortium/Contractual Costs	Ī	
6.	Equipment or Facility Rental/User Fees	Ī	
7.	Alterations and Renovations	Ī	
8.			
9.			
10.			
	Total Other Dire	ct Costs	
G. I	Direct Costs		Funds Requested (\$)
	Total Direct Costs (A	thru F)	6,491.00
H. I	Indirect Costs		
	Indirect Cost Type Indirect Cost Rate (%) Indirect Cost E	Base (\$)	Funds Requested (\$)
Χ	25% of Total Personnel Cost 25.00 4,	808.00	1,623.00
	Add Additional Indirect Cost	_	
	Total Indirect	Costs	1,623.00
Cog	gnizant Federal Agency		
(Age	ency Name, POC Name, and C Phone Number)		
	otal Direct and Indirect Costs		Fronds Dannes to d (A)
	Total Direct and Indirect Institutional Costs	(G + H)	Funds Requested (\$) 8,114.00
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,
J. F	Fee		Funds Requested (\$)
k 1	Total Costs and Fee		Funda Danuartad (#)
N.	Total Costs and Fee	e (l + .l)	Funds Requested (\$) 8,114.00
I. F	Budget Justification	- (1 - 0)	5,221.00
		ta Attachmar	nt View Attachment
6 F 305	NV attach one tile 1	PATTECTION	THE WATERDINGS

					Check	Form for	Errors	Save					
Previous Per	riod			RESE	ARCH & R	ELATED	BUDGE	T - Bud	dget Per	iod 5	Delete Pe	riod	OMB Number: 4040-0001 Expiration Date: 10/31/2019
ORGANIZATIO	ONAL DUNS:	10371733600	00 Er	nter name of	Organizatio	n: City	and Cou	nty of	SF - SF	DPH			
Budget Type:	Project	Subawar	d/Consortium			Budç	jet Period	:5 \$	Start Date	08/01/2024	End Date:	07/31/202	:5
A. Senior/Key	Person												
Prefix	First	Middle	Last	Suffix	В	ase Salary	· (\$)	Mon	ths ad. Sum.	Requested Salary (\$)		Fringe enefits (\$)	Funds Requested (\$)
X Dr	Albert		Liu		•	192,	300.00	.30 12.	.00	4,8	08.00	1,683.0	6,491.00
Project Role:	PD/PI												
Add Addition	nal Key Person												
Additional Senio	r Key Persons:			А	dd Attachmen	Delete	e Attachme	View	w Attachm		s requested fo rsons in the a		
											Total Senior/I	Key Person	6,491.00
B. Other Pers	onnel												
Number of	Project R	ole				0-1	Months	S		Requested	Frin		Funds
Personnel	Post Doctoral A					Cal.	Acad.	Sum.		Salary (\$)	Benefi	ts (\$)	Requested (\$)
	Graduate Stude] [
	Undergraduate] [
	Secretarial/Cleri												
x													
Add Additiona	I Other Personne	4											
			ı								Total Other	Doroonnol [
	Total Number Ot	nei Personnei	l					Total	Salary	Wages and Fr		-	5 403 00
								Total	Jaiai y,	rrages and i	ilige bellet	its (A·b)	6,491.00
C. Equipme	nt Description	ı											
	d dollar amount	for each ite	m exceeding	\$5,000					Eunda D	aguantad (\$)			
Equipment	item								runus Re	equested (\$)			
Add Addit	tional Equipment										l		
Additional Equ					Add Attac	hment	Delete A	ttachme	nt Vi	ew Attachment			
		To	tal funds reque	ested for all ed	uinment liste	ed in the a	ttached fil	<u> </u>					
		10	an runus requi	occu for all co	quipinent nac		Equipmer						
D. Travel							Equipmoi		Eundo D	equested (\$)			
	Travel Costs (In	ncl Canada	Mexico and U	S Possessio	nns)				r unus re	equesteu (#)			
Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions) Foreign Travel Costs													
						Total	Travel Cos	,					
						Total	maver co.						
	nt/Trainee Sup		i						Funds R	equested (\$)			
	es/Health Insura	ance											
2. Stipends													
Travel Subsister	100												
 Subsister Other 	ice												
S. Other	per of Participants	/Trainces		Tat-1	Particinant/T	rainas e	nnort Co-t	<u> </u>					

F. Other Direct Costs				Funds Requested (\$)
1. Materials and Supplie	es			
2. Publication Costs				
3. Consultant Services				
4. ADP/Computer Servi	ces			
5. Subawards/Consortiu	ım/Contractual Costs			
6. Equipment or Facility	Rental/User Fees			
7. Alterations and Reno	vations			
8.				
9.				
10.				
			Total Other Direct Costs	
G. Direct Costs				5
G. Direct Costs		Total Dir	ect Costs (A thru F)	Funds Requested (\$) 6,491.00
		Total Di	cot costs (A tinu i)	0,122100
H. Indirect Costs				
Indirect Cost Type		Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
X 25% of Total Person	nnel Cost	25.00	4,808.00	1,623.00
Add Additional Indirect	Cost			
			Total Indirect Costs	1,623.00
Cognizant Federal Agency				
(Agency Name, POC Name, and POC Phone Number)				
•				
I. Total Direct and Indi		ct and Indirect Institu	tional Costs (C . U)	Funds Requested (\$)
	Total Direc	ct and indirect institu	itional Costs (G + n)	8,114.00
J. Fee				Funds Requested (\$)
W.T. 10 . 15				
K. Total Costs and Fee	8	Total (Costs and Fee (I + J)	Funds Requested (\$) 8,114.00
		Total	20363 and 1986 (1 + 3)	0,114.00
L. Budget Justification	<u>n</u>			
(Only attach one file)		Add Attach	ment Delete Attachmer	nt View Attachment

RESEARCH & RELATED BUDGET - Cumulative Budget

	Tota	ils (\$)
Section A, Senior/Key Person		90,865.00
Section B, Other Personnel		
Total Number Other Personnel		
Total Salary, Wages and Fringe Benefits (A+B)		90,865.00
Section C, Equipment		
Section D, Travel		
1. Domestic		
2. Foreign		
Section E, Participant/Trainee Support Costs		
1. Tuition/Fees/Health Insurance		
2. Stipends		
3. Travel		
4. Subsistence		
5. Other		
6. Number of Participants/Trainees		
Section F, Other Direct Costs		
1. Materials and Supplies		
2. Publication Costs		
3. Consultant Services		
4. ADP/Computer Services		
5. Subawards/Consortium/Contractual Costs		
6. Equipment or Facility Rental/User Fees		
7. Alterations and Renovations		
8. Other 1		
9. Other 2		
10. Other 3		
Section G, Direct Costs (A thru F)		90,865.00
Section H, Indirect Costs		22,716.00
Section I, Total Direct and Indirect Costs (G + H)		113,581.00
Section J, Fee		
Section K, Total Costs and Fee (I + J)		113,581.00