

# Budget

**RESEARCH & RELATED BUDGET - Budget Period 1**

OMB Number: 4040-0001  
Expiration Date: 10/31/2019

ORGANIZATIONAL DUNS:  Enter name of Organization:

Budget Type:  Project  Subaward/Consortium Budget Period: 1 Start Date:  End Date:

**A. Senior/Key Person**

Prefix	First	Middle	Last	Suffix	Base Salary (\$)	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
						Cal.	Acad.	Sum.			
<input checked="" type="checkbox"/> Dr	<input type="text" value="Albert"/>		<input type="text" value="Liu"/>		192,300.00	1.20	12.00		19,230.00	6,731.00	25,961.00

Project Role:

Additional Senior Key Persons:     Total Funds requested for all Senior Key Persons in the attached file

Total Senior/Key Person

**B. Other Personnel**

Number of Personnel	Project Role	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
		Cal.	Acad.	Sum.			
<input type="text"/>	Post Doctoral Associates	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Graduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Undergraduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Secretarial/Clerical	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Number Other Personnel

Total Other Personnel

**Total Salary, Wages and Fringe Benefits (A+B)**

**C. Equipment Description**

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

Equipment item	Funds Requested (\$)
<input checked="" type="checkbox"/> <input type="text"/>	<input type="text"/>

Additional Equipment:

Total funds requested for all equipment listed in the attached file

Total Equipment

**D. Travel**

Funds Requested (\$)

1. Domestic Travel Costs ( Incl. Canada, Mexico and U.S. Possessions)	<input type="text"/>
2. Foreign Travel Costs	<input type="text"/>
<b>Total Travel Cost</b>	<input type="text"/>

**E. Participant/Trainee Support Costs**

Funds Requested (\$)

1. Tuition/Fees/Health Insurance	<input type="text"/>
2. Stipends	<input type="text"/>
3. Travel	<input type="text"/>
4. Subsistence	<input type="text"/>
5. Other <input type="text"/>	<input type="text"/>
<input type="text"/> Number of Participants/Trainees	<input type="text"/>
<b>Total Participant/Trainee Support Costs</b>	<input type="text"/>

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.		
<b>Total Other Direct Costs</b>		

G. Direct Costs	Funds Requested (\$)
<b>Total Direct Costs (A thru F)</b>	25,961.00

H. Indirect Costs			
Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
<input checked="" type="checkbox"/> 25% of Total Personnel Cost	25.00	25,961.00	6,490.00
<b>Total Indirect Costs</b>			
			6,490.00

Cognizant Federal Agency (Agency Name, POC Name, and POC Phone Number)

I. Total Direct and Indirect Costs	Funds Requested (\$)
<b>Total Direct and Indirect Institutional Costs (G + H)</b>	32,451.00

J. Fee	Funds Requested (\$)

K. Total Costs and Fee	Funds Requested (\$)
<b>Total Costs and Fee (I + J)</b>	32,451.00

**L. Budget Justification**  
 (Only attach one file.)

**RESEARCH & RELATED BUDGET - Budget Period 2**

OMB Number: 4040-0001  
Expiration Date: 10/31/2019

**ORGANIZATIONAL DUNS:** 1037173360000
 **Enter name of Organization:** City and County of SF - SFDPH

**Budget Type:**  Project  Subaward/Consortium
 **Budget Period:** 2
 **Start Date:** 08/01/2021
 **End Date:** 07/31/2022

**A. Senior/Key Person**

Prefix	First	Middle	Last	Suffix	Base Salary (\$)	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
						Cal.	Acad.	Sum.			
<input checked="" type="checkbox"/> Dr	Albert		Liu		192,300.00	1.20	12.00		19,230.00	6,731.00	25,961.00
Project Role: <input type="text" value="PD/PI"/>											
<input type="button" value="Add Additional Key Person"/>											
Additional Senior Key Persons: <input type="text"/>										<b>Total Funds requested for all Senior Key Persons in the attached file</b>	
										25,961.00	
<b>Total Senior/Key Person</b>											

**B. Other Personnel**

Number of Personnel	Project Role	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
		Cal.	Acad.	Sum.			
<input type="text"/>	Post Doctoral Associates	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Graduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Undergraduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Secretarial/Clerical	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input checked="" type="checkbox"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="Add Additional Other Personnel"/>							
<b>Total Number Other Personnel</b>							<input type="text"/>
<b>Total Salary, Wages and Fringe Benefits (A+B)</b>							25,961.00

**C. Equipment Description**

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

Equipment item	Funds Requested (\$)
<input checked="" type="checkbox"/> <input type="text"/>	<input type="text"/>
<input type="button" value="Add Additional Equipment"/>	
Additional Equipment: <input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
Total funds requested for all equipment listed in the attached file	
Total Equipment	

**D. Travel**

	Funds Requested (\$)
1. Domestic Travel Costs ( Incl. Canada, Mexico and U.S. Possessions)	<input type="text"/>
2. Foreign Travel Costs	<input type="text"/>
Total Travel Cost	

**E. Participant/Trainee Support Costs**

	Funds Requested (\$)
1. Tuition/Fees/Health Insurance	<input type="text"/>
2. Stipends	<input type="text"/>
3. Travel	<input type="text"/>
4. Subsistence	<input type="text"/>
5. Other <input type="text"/>	<input type="text"/>
<input type="text"/> Number of Participants/Trainees	
Total Participant/Trainee Support Costs	

**F. Other Direct Costs**

	Funds Requested (\$)
1. Materials and Supplies	<input type="text"/>
2. Publication Costs	<input type="text"/>
3. Consultant Services	<input type="text"/>
4. ADP/Computer Services	<input type="text"/>
5. Subawards/Consortium/Contractual Costs	<input type="text"/>
6. Equipment or Facility Rental/User Fees	<input type="text"/>
7. Alterations and Renovations	<input type="text"/>
8. <input type="text"/>	<input type="text"/>
9. <input type="text"/>	<input type="text"/>
10. <input type="text"/>	<input type="text"/>
Total Other Direct Costs	

**G. Direct Costs**

	Funds Requested (\$)
Total Direct Costs (A thru F)	25,961.00

**H. Indirect Costs**

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
<input checked="" type="checkbox"/> 25% of Total Personnel Cost	25.00	25,961.00	6,490.00
<input type="button" value="Add Additional Indirect Cost"/>			
Total Indirect Costs			6,490.00

Cognizant Federal Agency   
(Agency Name, POC Name, and POC Phone Number)

**I. Total Direct and Indirect Costs**

	Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)	32,451.00

**J. Fee**

Funds Requested (\$)
<input type="text"/>

**K. Total Costs and Fee**

	Funds Requested (\$)
Total Costs and Fee (I + J)	32,451.00

**L. Budget Justification**

(Only attach one file.)

Check Form for Errors Save

Previous Period Next Period

RESEARCH & RELATED BUDGET - Budget Period 3

Delete Period

OMB Number: 4040-0001  
Expiration Date: 10/31/2019

ORGANIZATIONAL DUNS: 1037173360000 Enter name of Organization: City and County of SF - SFDPH

Budget Type:  Project  Subaward/Consortium Budget Period: 3 Start Date: 08/01/2022 End Date: 07/31/2023

A. Senior/Key Person

Prefix	First	Middle	Last	Suffix	Base Salary (\$)	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
						Cal.	Acad.	Sum.			
X Dr	Albert		Liu		192,300.00	1.20	12.00		19,230.00	6,731.00	25,961.00

Project Role: PD/PI

Add Additional Key Person

Additional Senior Key Persons:  Add Attachment Delete Attachment View Attachment  
 Total Funds requested for all Senior Key Persons in the attached file   
 Total Senior/Key Person  25,961.00

B. Other Personnel

Number of Personnel	Project Role	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
		Cal.	Acad.	Sum.			
<input type="text"/>	Post Doctoral Associates	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Graduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Undergraduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Secretarial/Clerical	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
X <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Add Additional Other Personnel

Total Number Other Personnel   
 Total Other Personnel   
 Total Salary, Wages and Fringe Benefits (A+B)  25,961.00

C. Equipment Description

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

Equipment item	Funds Requested (\$)
X <input type="text"/>	<input type="text"/>

Add Additional Equipment

Additional Equipment:  Add Attachment Delete Attachment View Attachment  
 Total funds requested for all equipment listed in the attached file   
 Total Equipment

D. Travel

	Funds Requested (\$)
1. Domestic Travel Costs ( Incl. Canada, Mexico and U.S. Possessions)	<input type="text"/>
2. Foreign Travel Costs	<input type="text"/>
<b>Total Travel Cost</b>	<input type="text"/>

E. Participant/Trainee Support Costs

	Funds Requested (\$)
1. Tuition/Fees/Health Insurance	<input type="text"/>
2. Stipends	<input type="text"/>
3. Travel	<input type="text"/>
4. Subsistence	<input type="text"/>
5. Other <input type="text"/>	<input type="text"/>
<input type="text"/> Number of Participants/Trainees	<input type="text"/>
<b>Total Participant/Trainee Support Costs</b>	<input type="text"/>

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.		
<b>Total Other Direct Costs</b>		

G. Direct Costs	Funds Requested (\$)
<b>Total Direct Costs (A thru F)</b>	25,961.00

H. Indirect Costs			
Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
<input checked="" type="checkbox"/> 25% of Total Personnel Cost	25.00	25,961.00	6,490.00
Add Additional Indirect Cost			
<b>Total Indirect Costs</b>			6,490.00

Cognizant Federal Agency   
 (Agency Name, POC Name, and POC Phone Number)

I. Total Direct and Indirect Costs	Funds Requested (\$)
<b>Total Direct and Indirect Institutional Costs (G + H)</b>	32,451.00

J. Fee	Funds Requested (\$)

K. Total Costs and Fee	Funds Requested (\$)
<b>Total Costs and Fee (I + J)</b>	32,451.00

**L. Budget Justification**

(Only attach one file.)

Check Form for Errors Save

Previous Period Next Period

RESEARCH & RELATED BUDGET - Budget Period 4

Delete Period

OMB Number: 4040-0001  
Expiration Date: 10/31/2019

ORGANIZATIONAL DUNS: 1037173360000 Enter name of Organization: City and County of SF - SFDPH

Budget Type:  Project  Subaward/Consortium Budget Period: 4 Start Date: 08/01/2023 End Date: 07/31/2024

A. Senior/Key Person

Prefix	First	Middle	Last	Suffix	Base Salary (\$)	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
						Cal.	Acad.	Sum.			
X Dz	Albert		Liu		192,300.00	0.30	12.00		4,808.00	1,683.00	6,491.00
Project Role: PD/PI											
Add Additional Key Person											
Additional Senior Key Persons:										Total Funds requested for all Senior Key Persons in the attached file	
										Total Senior/Key Person	
										6,491.00	

B. Other Personnel

Number of Personnel	Project Role	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
		Cal.	Acad.	Sum.			
	Post Doctoral Associates						
	Graduate Students						
	Undergraduate Students						
	Secretarial/Clerical						
X							
Add Additional Other Personnel							
Total Number Other Personnel						Total Other Personnel	
						Total Salary, Wages and Fringe Benefits (A+B)	
						6,491.00	

C. Equipment Description

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

Equipment item	Funds Requested (\$)
X	
Add Additional Equipment	
Additional Equipment:	
Add Attachment Delete Attachment View Attachment	
Total funds requested for all equipment listed in the attached file	
Total Equipment	

D. Travel

	Funds Requested (\$)
1. Domestic Travel Costs ( Incl. Canada, Mexico and U.S. Possessions)	
2. Foreign Travel Costs	
Total Travel Cost	

E. Participant/Trainee Support Costs

	Funds Requested (\$)
1. Tuition/Fees/Health Insurance	
2. Stipends	
3. Travel	
4. Subsistence	
5. Other	
Number of Participants/Trainees	Total Participant/Trainee Support Costs

**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. <input type="text"/>	
9. <input type="text"/>	
10. <input type="text"/>	
<b>Total Other Direct Costs</b>	

**G. Direct Costs**

**Funds Requested (\$)**

**Total Direct Costs (A thru F)**

**H. Indirect Costs**

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
<input checked="" type="checkbox"/> 25% of Total Personnel Cost	<input type="text" value="25.00"/>	<input type="text" value="4,808.00"/>	<input type="text" value="1,623.00"/>
<b>Total Indirect Costs</b>			<input type="text" value="1,623.00"/>

**Cognizant Federal Agency**   
(Agency Name, POC Name, and POC Phone Number)

**I. Total Direct and Indirect Costs**

**Funds Requested (\$)**

**Total Direct and Indirect Institutional Costs (G + H)**

**J. Fee**

**Funds Requested (\$)**

**K. Total Costs and Fee**

**Funds Requested (\$)**

**Total Costs and Fee (I + J)**

**L. Budget Justification**

(Only attach one file.)

Add Attachment

Delete Attachment

View Attachment

Check Form for Errors Save

Previous Period

RESEARCH & RELATED BUDGET - Budget Period 5

Delete Period

OMB Number: 4040-0001  
Expiration Date: 10/31/2019

ORGANIZATIONAL DUNS: 1037173360000

Enter name of Organization: City and County of SF - SFDPH

Budget Type:  Project  Subaward/Consortium

Budget Period: 5 Start Date: 08/01/2024 End Date: 07/31/2025

A. Senior/Key Person

Prefix	First	Middle	Last	Suffix	Base Salary (\$)	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
						Cal.	Acad.	Sum.			
X Dr	Albert		Liu		192,300.00	0.30	12.00		4,808.00	1,683.00	6,491.00

Project Role: PD/PI

Add Additional Key Person

Additional Senior Key Persons:  Add Attachment Delete Attachment View Attachment  
 Total Funds requested for all Senior Key Persons in the attached file   
 Total Senior/Key Person 6,491.00

B. Other Personnel

Number of Personnel	Project Role	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
		Cal.	Acad.	Sum.			
<input type="text"/>	Post Doctoral Associates	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Graduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Undergraduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Secretarial/Clerical	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
X <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Add Additional Other Personnel

Total Number Other Personnel  
 Total Other Personnel   
 Total Salary, Wages and Fringe Benefits (A+B) 6,491.00

C. Equipment Description

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

Equipment item	Funds Requested (\$)
X <input type="text"/>	<input type="text"/>

Add Additional Equipment

Additional Equipment:  Add Attachment Delete Attachment View Attachment  
 Total funds requested for all equipment listed in the attached file   
 Total Equipment

D. Travel

	Funds Requested (\$)
1. Domestic Travel Costs ( Incl. Canada, Mexico and U.S. Possessions)	<input type="text"/>
2. Foreign Travel Costs	<input type="text"/>
Total Travel Cost	<input type="text"/>

E. Participant/Trainee Support Costs

	Funds Requested (\$)
1. Tuition/Fees/Health Insurance	<input type="text"/>
2. Stipends	<input type="text"/>
3. Travel	<input type="text"/>
4. Subsistence	<input type="text"/>
5. Other <input type="text"/>	<input type="text"/>
<input type="text"/> Number of Participants/Trainees	<input type="text"/>
Total Participant/Trainee Support Costs	<input type="text"/>



<b>F. Other Direct Costs</b>		<b>Funds Requested (\$)</b>
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.		
<b>Total Other Direct Costs</b>		

<b>G. Direct Costs</b>	<b>Funds Requested (\$)</b>
<b>Total Direct Costs (A thru F)</b>	6,491.00

<b>H. Indirect Costs</b>			
Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
<input checked="" type="checkbox"/> 25% of Total Personnel Cost	25.00	4,808.00	1,623.00
Add Additional Indirect Cost			
<b>Total Indirect Costs</b>			1,623.00

**Cognizant Federal Agency**   
(Agency Name, POC Name, and POC Phone Number)

<b>I. Total Direct and Indirect Costs</b>	<b>Funds Requested (\$)</b>
<b>Total Direct and Indirect Institutional Costs (G + H)</b>	8,114.00

<b>J. Fee</b>	<b>Funds Requested (\$)</b>

<b>K. Total Costs and Fee</b>	<b>Funds Requested (\$)</b>
<b>Total Costs and Fee (I + J)</b>	8,114.00

**L. Budget Justification**

(Only attach one file.)

**RESEARCH & RELATED BUDGET - Cumulative Budget**

		Totals (\$)
<b>Section A, Senior/Key Person</b>		90,865.00
<b>Section B, Other Personnel</b>		
Total Number Other Personnel		
<b>Total Salary, Wages and Fringe Benefits (A+B)</b>		90,865.00
<b>Section C, Equipment</b>		
<b>Section D, Travel</b>		
1. Domestic		
2. Foreign		
<b>Section E, Participant/Trainee Support Costs</b>		
1. Tuition/Fees/Health Insurance		
2. Stipends		
3. Travel		
4. Subsistence		
5. Other		
6. Number of Participants/Trainees		
<b>Section F, Other Direct Costs</b>		
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		
<b>Section G, Direct Costs (A thru F)</b>		90,865.00
<b>Section H, Indirect Costs</b>		22,716.00
<b>Section I, Total Direct and Indirect Costs (G + H)</b>		113,581.00
<b>Section J, Fee</b>		
<b>Section K, Total Costs and Fee (I + J)</b>		113,581.00