# **RESEARCH & RELATED BUDGET - Cumulative Budget**

	Totals	s (\$)
Section A, Senior/Key Person		1,118,565.00
Section B, Other Personnel		0.00
Total Number Other Personnel	0	
Total Salary, Wages and Fringe Benefits (A+B)		1,118,565.00
Section C, Equipment		0.00
Section D, Travel		196,990.00
1. Domestic	47,200.00	
2. Foreign	149,790.00	
Section E, Participant/Trainee Support Costs		0.00
1. Tuition/Fees/Health Insurance	0.00	
2. Stipends	0.00	
3. Travel	0.00	
4. Subsistence	0.00	
5. Other	0.00	
6. Number of Participants/Trainees	0	
Section F, Other Direct Costs		1,456,245.00
1. Materials and Supplies	80,250.00	
2. Publication Costs	24,000.00	
3. Consultant Services	398,750.00	
4. ADP/Computer Services	0.00	
<ol><li>Subawards/Consortium/Contractual Costs</li></ol>	953,245.00	
<ol><li>Equipment or Facility Rental/User Fees</li></ol>	0.00	
7. Alterations and Renovations	0.00	
8. Other 1	0.00	
9. Other 2	0.00	
10. Other 3	0.00	
Section G, Direct Costs (A thru F)		2,771,800.00
Section H, Indirect Costs		814,960.00
Section I, Total Direct and Indirect Costs (G + H)		3,586,760.00
Section J, Fee		0.00
Section K, Total Costs and Fee (I + J)		3,586,760.00

# RESEARCH & RELATED BUDGET - SECTION A & B, Budget Period 1

ORGANIZATIONAL DUNS\*: 6081952770000

Budget Type\*: O Project • Subaward/Consortium

Enter name of Organization: The University of North Carolina at Chapel Hill

A. Senio	/Key Person									
Prefi	x First Name*	Middle Name	Last Name*	Suffix Project Role*	Base Salary (\$)	Calendar Months	Academic Months	Requested Salary (\$)*	Fringe Benefits (\$)*	Funds Requested (\$)*
1 . Dr.	Ralph	S	Baric	Co-Investigator		(b) (4), (b)				(b) (4), (b) (
2 . Dr.	Amy		Sims	Co-Investigator		(6)				
	nds Requested al Senior Key F		r Key Persons in File Name:	the attached file				 Total Sen	ior/Key Persor	(b) (4), (b)

B. Other Per	sonnel				
Number of	Project Role*	Calendar Months Academic Months Summer Months	Requested Salary (\$)*	Fringe Benefits*	Funds Requested (\$)*
Personnel*					
	Post Doctoral Associates				
	Graduate Students				
	Undergraduate Students				
	Secretarial/Clerical			-1,	
1	Laboratory Technician	(b) (4), (b) (6)			(b) (4), (b) (6
11	Total Number Other Personnel		To	tal Other Personnel	(b) (4), (b) (
			otal Salary, Wages and Fri	inge Benefits (A+B)	

ORGANIZATIONAL DUNS\*: 6081952770000

Budget Type\*: ○ Project ● Subaward/Consortium

Organization: The University of North Carolina at Chapel Hill

C. Equipment Description

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

Equipment Item Funds Requested (\$)\*

Total funds requested for all equipment listed in the attached file

Total Equipment 0.00

Additional Equipment: File Name:

D. Travel Funds Requested (\$)\*

1. Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions)

2. Foreign Travel Costs

Total Travel Cost 0.00

### 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** 

0.00

F. Other Direct Costs

# RESEARCH & RELATED BUDGET - SECTIONS F-K, Budget Period 1

ORGANIZATIONAL DUNS\*: 6081952770000

Budget Type\*: ○ Project ● Subaward/Consortium Organization: The University of North Carolina at Chapel Hill

1. Materials and Supplies 15,960.00 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 **Total Other Direct Costs** 15,960.00 **G. Direct Costs** Funds Requested (\$)\* 50,000.00 Total Direct Costs (A thru F) **H. Indirect Costs** Indirect Cost Type Indirect Cost Rate (%) Indirect Cost Base (\$) Funds Requested (\$)\* 1. All Direct Costs 55.5 50,000.00 27,750.00 **Total Indirect Costs** 27,750.00 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)

77,750.00

J. Fee Funds Requested (\$)\*

K. Total Costs and Fee Funds Requested (\$)\*
77,750.00

L. Budget Justification\*

File Name:

NIAID\_COV\_2019\_UNC\_BUDGET\_JUSTIFICATION.pdf

(Only attach one file.)

RESEARCH & RELATED Budget {F-K} (Funds Requested)

Funds Requested (\$)\*

# RESEARCH & RELATED BUDGET - SECTION A & B, Budget Period 2

ORGANIZATIONAL DUNS\*: 6081952770000

Budget Type\*: ○ Project ● Subaward/Consortium

Enter name of Organization: The University of North Carolina at Chapel Hill

	/Key Person First Name*	Middle Name	Last Name*	Suffix Project Role*	Base	Calendar Months			Requested Salary (\$)*	Fringe Benefits (\$)*	Funds Requested (\$)*
	<b>5</b> 1.1		5	0.11	Salary (\$)	Wonths	Worths	Months	Salary (\$)	Belletits (\$)	(b) (4), (b) (6
1 . Dr.	Ralph	S	Baric	Co-Investigator							(-)(-)(-)(-)(-)
2 . Dr.	Amy		Sims	Co-Investigator							
Total Fu	nds Requested	for all Senio	r Key Persons in	the attached file							
Addition	al Senior Key F	ersons:	File Name:						Total Sen	ior/Key Persor	(b) (4), (b) (6

B. Other Pers	sonnel				
Number of Personnel*	Project Role*	Calendar Months Academic Months Summer Months	Requested Salary (\$)*	Fringe Benefits*	Funds Requested (\$)*
	Post Doctoral Associates				
	Graduate Students				
	Undergraduate Students				
,	Secretarial/Clerical			-1	
1	Laboratory Technician	(b) (4), (b) (6)			(b) (4), (b) (
11 -	Total Number Other Personnel		То	tal Other Personnel	(b) (4). (b)
		19	otal Salary, Wages and Fr	inge Benefits (A+B)	

ORGANIZATIONAL DUNS\*: 6081952770000

Budget Type\*: ○ Project ● Subaward/Consortium

Organization: The University of North Carolina at Chapel Hill

C. Equipment Description

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

Equipment Item Funds Requested (\$)\*

Total funds requested for all equipment listed in the attached file

Total Equipment 0.00

Additional Equipment: File Name:

D. Travel Funds Requested (\$)\*

1. Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions)

2. Foreign Travel Costs

Total Travel Cost 0.00

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** 

0.00

ORGANIZATIONAL DUNS\*: 6081952770000

Budget Type\*: ○ Project ● Subaward/Consortium Organization: The University of North Carolina at Chapel Hill

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

Total Other Direct Costs

Funds Requested (\$)\*

15,960.00

G. Direct Costs

Funds Requested (\$)\*

Total Direct Costs (A thru F) 50,000.00

H. Indirect Costs

Indirect Cost Type

1 . All Direct Costs

55.5

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)

77,750.00

J. Fee Funds Requested (\$)\*

K. Total Costs and Fee Funds Requested (\$)\*
77,750.00

L. Budget Justification\*

File Name:

NIAID\_COV\_2019\_UNC\_BUDGET\_JUSTIFICATION.pdf

(Only attach one file.)

# RESEARCH & RELATED BUDGET - SECTION A & B, Budget Period 3

ORGANIZATIONAL DUNS\*: 6081952770000

Budget Type\*: ○ Project ● Subaward/Consortium

Enter name of Organization: The University of North Carolina at Chapel Hill

A. Senio	/Key Person										
Prefix	x First Name*	Middle Name	Last Name*	Suffix Project Role*	Base Salary (\$)	Calendar Months	The state of the state of		Requested Salary (\$)*	Fringe Benefits (\$)*	Funds Requested (\$)*
1 . Dr.	Ralph	S	Baric	Co-Investigator	110	10000	-	1000			(b) (4). (b) (
2 . Dr.	Amy		Sims	Co-Investigator							
	nds Requested al Senior Key P		r Key Persons in File Name:	the attached file					Total Sen	ior/Key Persor	(b) (4), (b) (

3. Other Per	sonnel				
Number of	Project Role*	Calendar Months Academic Months Summer Months	Requested Salary (\$)*	Fringe Benefits*	Funds Requested (\$)*
Personnel*					
	Post Doctoral Associates				
	Graduate Students				
	Undergraduate Students		Semisoen month minimize me in e		111115811111811111581111158111158811818111111
	oridorgraduate otadarito			A Louisian Committee of the Committee of	
	Secretarial/Clerical			- 1	
1	the contract of the Table of Manager than the contract of the	(b) (4), (b) (6)		-11	(b) (4), (b) (6
1	Secretarial/Clerical			tal Other Personnel	(b) (d) (b) (

ORGANIZATIONAL DUNS\*: 6081952770000

Budget Type\*: ○ Project ● Subaward/Consortium

Organization: The University of North Carolina at Chapel Hill

C. Equipment Description

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

Equipment Item Funds Requested (\$)\*

Total funds requested for all equipment listed in the attached file

Total Equipment 0.00

Additional Equipment: File Name:

D. Travel Funds Requested (\$)\*

1. Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions)

2. Foreign Travel Costs

Total Travel Cost 0.00

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** 

0.00

ORGANIZATIONAL DUNS\*: 6081952770000

Budget Type\*: ○ Project ● Subaward/Consortium Organization: The University of North Carolina at Chapel Hill

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

Total Other Direct Costs

15,960.00

G. Direct Costs

Funds Requested (\$)\*

Total Direct Costs (A thru F) 50,000.00

H. Indirect Costs

Indirect Cost Type

1 . All Direct Costs

55.5

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)

77,750.00

J. Fee Funds Requested (\$)\*

K. Total Costs and Fee Funds Requested (\$)\*
77,750.00

L. Budget Justification\*

File Name:

NIAID\_COV\_2019\_UNC\_BUDGET\_JUSTIFICATION.pdf

(Only attach one file.)

# RESEARCH & RELATED BUDGET - SECTION A & B, Budget Period 4

ORGANIZATIONAL DUNS\*: 6081952770000

Budget Type\*: ○ Project ● Subaward/Consortium

Enter name of Organization: The University of North Carolina at Chapel Hill

A. Senior	Key Person										
Prefix	First Name*	Middle	Last Name*	Suffix Project Role*	Base	Calendar	Academic		Requested	Fringe	Funds Requested (\$)*
		Name			Salary (\$)	Months	Months	Months	Salary (\$)*	Benefits (\$)*	
1 . Dr.	Ralph	S	Baric	Co-Investigator		1					(b) (4), (b) (
2 . Dr.	Amy		Sims	Co-Investigator							
Total Fu	nds Requested	for all Senio	or Key Persons in	the attached file							
Addition	al Senior Key P	ersons:	File Name:						Total Sen	ior/Key Persor	(b) (4), (b) (
or average of		*225127	1 11 2 11 2011 (2 11						1230.231		

B. Other Pers	sonnel				
Number of	Project Role*	Calendar Months Academic Months Summer Months	Requested Salary (\$)*	Fringe Benefits*	Funds Requested (\$)*
Personnel*					
	Post Doctoral Associates				
	Graduate Students				
	Undergraduate Students				
	Secretarial/Clerical				
1	Laboratory Technician	(b) (4). (b) (6)			(b) (4), (b) (
+1	Total Number Other Personnel		To	tal Other Personnel	(b) (4), (b) (
		19	Total Salary, Wages and F	ringe Benefits (A+B)	

ORGANIZATIONAL DUNS\*: 6081952770000

Budget Type\*: ○ Project ● Subaward/Consortium

Organization: The University of North Carolina at Chapel Hill

C. Equipment Description

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

Equipment Item Funds Requested (\$)\*

Total funds requested for all equipment listed in the attached file

Total Equipment 0.00

Additional Equipment: File Name:

D. Travel Funds Requested (\$)\*

1. Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions)

2. Foreign Travel Costs

Total Travel Cost 0.00

### 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** 

0.00

ORGANIZATIONAL DUNS\*: 6081952770000

Budget Type\*: ○ Project • Subaward/Consortium Organization: The University of North Carolina at Chapel Hill

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

Total Other Direct Costs

Funds Requested (\$)\*

15,960.00

G. Direct Costs

Funds Requested (\$)\*

Total Direct Costs (A thru F) 50,000.00

H. Indirect Costs

Indirect Cost Type

1 . All Direct Costs

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

Indirect Cost Rate (%) Indirect Cost Base (\$) Funds Requested (\$)\*

Total Indirect Costs

27,750.00

27,750.00

I. Total Direct and Indirect Costs

Total Direct and Indirect Institutional Costs (G + H)

77,750.00

J. Fee Funds Requested (\$)\*

K. Total Costs and Fee Funds Requested (\$)\*
77,750.00

L. Budget Justification\*

File Name:

NIAID\_COV\_2019\_UNC\_BUDGET\_JUSTIFICATION.pdf

(Only attach one file.)

# RESEARCH & RELATED BUDGET - SECTION A & B, Budget Period 5

ORGANIZATIONAL DUNS\*: 6081952770000

Budget Type\*: ○ Project ● Subaward/Consortium

Enter name of Organization: The University of North Carolina at Chapel Hill

Prefix	First Name*	Middle Name	Last Name*	Suffix Project Role*	Base Salary (\$)	Calendar Months		Requested Salary (\$)*	Fringe Benefits (\$)*	Funds Requested (\$)*
1 . Dr.	Ralph	S	Baric	Co-Investigator						(b) (4), (b) (c
2 . Dr.	Amy		Sims	Co-Investigator						
	nds Requested al Senior Key P		or Key Persons in t File Name:	he attached file				Total Sen	ior/Key Persor	20,819.00

B. Other Pers	sonnel				
Number of	Project Role*	Calendar Months Academic Months Summer Months	Requested Salary (\$)*	Fringe Benefits*	Funds Requested (\$)*
Personnel*					
	Post Doctoral Associates				
	Graduate Students				
	Undergraduate Students				
	Secretarial/Clerical				
1	Laboratory Technician	(b) (4)_ (b) (6)			(b) (4), (b) (
11 -	Total Number Other Personnel		To	tal Other Personnel	(b) (4), (b)
			Total Salary, Wages and Fr	ringe Benefits (A+B)	

ORGANIZATIONAL DUNS\*: 6081952770000

O Project Budget Type\*: Subaward/Consortium Organization: The University of North Carolina at Chapel Hill

> Start Date\*: 06-01-2023 End Date\*: 05-31-2024 **Budget Period: 5**

C. Equipment Description

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

Equipment Item Funds Requested (\$)\*

Total funds requested for all equipment listed in the attached file

**Total Equipment** 0.00

Additional Equipment: File Name:

D. Travel Funds Requested (\$)\*

1. Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions)

2. Foreign Travel Costs

**Total Travel Cost** 0.00

### 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** 0.00

ORGANIZATIONAL DUNS\*: 6081952770000

Budget Type\*: ○ Project ● Subaward/Consortium Organization: The University of North Carolina at Chapel Hill

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

Total Other Direct Costs

Funds Requested (\$)\*

15,960.00

G. Direct Costs

Funds Requested (\$)\*

Total Direct Costs (A thru F) 50,000.00

H. Indirect Costs

Indirect Cost Type

1 . All Direct Costs

55.5

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

I. Total Direct and Indirect Costs

Total Direct and Indirect Institutional Costs (G + H)

77,750.00

J. Fee Funds Requested (\$)\*

K. Total Costs and Fee Funds Requested (\$)\*
77,750.00

L. Budget Justification\*

File Name:

NIAID\_COV\_2019\_UNC\_BUDGET\_JUSTIFICATION.pdf

(Only attach one file.)

### UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL BUDGET JUSTIFICATION, SUBAWARD

### A. Senior/Key Personnel

Ralph Baric, PhD Co-Investigator

(b) (4), (b) (6), Dr. Baric is a known expert in coronavirus cross species transmission and pathogenesis and has studied this group of viruses for over 30 years. His group developed the first reverse genetic systems for epidemic and zoonotic SARS-like coronaviruses and they have studied the ability of these viruses to replicate efficiently in various primary human airway epithelial cell cultures as well as other key primary cell types. His group has also studied the sensitivity of these viruses to be controlled by existing vaccines and therapeutics both in vitro and in vivo. Dr. Baric will lead the studies at the University of North Carolina at Chapel Hill. He will design research strategies, interpret findings and review research outcomes with Dr. Sims and Mr. Yount. At a regular basis, Dr. Baric will report the results of the teams research to Dr. Daszak and Dr. Shi and together, they will use this information to identify additional research priorities and design downstream studies. Drs. Daszak, Shi and Baric have published together in the past and participated on research project applications. Dr. Baric recently spent several days in Wuhan, China, where he discussed research strategies and collaborations with Dr. Daszak and Dr. Shi. He will work closely with Dr. Sims and Mr. Yount to prepare timely reports, share research and discuss future research directions with the group.

Amy Sims, PhD Co-Investigator (b) (4). (b) (6). Dr. Sims has over 22 years of research studying coronavirus molecular biology, replication and pathogenesis. She has published over 50 papers including seminal papers on characterizing host response patterns of primary human lung airway epithelial cells and other cell types after infection with SARS-CoV, MERS-CoV, influenza and various SARS-like bat coronaviruses. She is not only well versed in the preparation, cultivation and maintenance of primary human lung cells but also proficient at studying virus infection outcomes, in the presence and absence of antiviral therapeutics. In consultation with Dr. Baric, Dr. Sims will design experiments, perform infections and characterize epidemic and bat SARS-like coronavirus replication in human cells. She will compile data and share these results with the research team. Dr. Sims will also interface and work closely with Mr. Yount, who will assist in these studies, including infections, cell preparations and characterizing virus growth efficiency in these cultures. Dr. Sims has over 15 years of experience working in a BSL3 laboratory and oversees the management of these facilities. She has select agent clearance.

#### **B. Other Personnel**

Mr. Boyd Yount, Laboratory Technician

(b) (4) (b) (6) Mr. Yount has published over 50 papers on coronaviruses and developed the first reverse genetic platforms for SARS-CoV, MERS-CoV and various SARS-like bat coronaviruses. He will work closely with Drs. Barics, Shi and Daszak to design and recover select bat SARS-like coronaviruses for downstream studies in the Baric and Shi laboratories, including characterizing virus phenotypes in primary cells as well as cells expressing various human, civet and bat ACE2 receptors. He will prepare virus stocks, Mr. Yount will work closely with Drs. Baric and Sims to design and implement experiments in the BSL3 laboratory, prepare reports and research outcomes during the course of the program. Mr. Yount has over 15 years of experience in a BSL3 setting and is well versed in all the techniques used in this proposal. He has select agent clearance.

**Fringe Benefits.** Benefits are for faculty, staff and postdoctoral research associates are calculated as follows: Faculty and Staff – 24.519% Social Security and retirement and \$6,104 for health insurance, Supplies and Reagents. \$15,960

### C. Equipment

No equipment over \$5,000 will be purchased.

#### D. Travel

No travel will be requested for this subaward. Travel to EcoHealth Alliance and other collaborators will be covered from other UNC funding.

#### F. Other Direct Costs

Materials and Supplies. A variety of culture media and serum (\$3,000), primary cell procurement (\$2500), recombinant enzymes (\$1500) and antibodies (\$1500), synthetic DNAs (\$2,500) and an assortment of miscellaneous supplies (e.g., gloves, chemicals, plasticware, etc.)(\$2460) are needed during the course of the program to recover recombinant viruses and maintain cells in culture, perform virus growth curves and identify virus tropisms by immunohistochemistry. In addition, personnel protective equipment (PPE), portal breathing apparati (PAPR), globes and protective clothing are used in the BSL3 setting (\$2500).

#### **H. Indirect Costs**

In an agreement with DHHS dated 11/23/2016 the indirect cost rate for The University of North Carolina is 55.5% of MTDC, excluding equipment and tuition.

# **RESEARCH & RELATED BUDGET - Cumulative Budget**

	Totals (\$)	
Section A, Senior/Key Person		104,095.00
Section B, Other Personnel		66,105.00
Total Number Other Personnel	5	
Total Salary, Wages and Fringe Benefits (A+B)		170,200.00
Section C, Equipment		0.00
Section D, Travel		0.00
1. Domestic	0.00	
2. Foreign	0.00	
Section E, Participant/Trainee Support Costs		0.00
1. Tuition/Fees/Health Insurance	0.00	
2. Stipends	0.00	
3. Travel	0.00	
4. Subsistence	0.00	
5. Other	0.00	
6. Number of Participants/Trainees	0	
Section F, Other Direct Costs		79,800.00
1. Materials and Supplies	79,800.00	
2. Publication Costs	0.00	
3. Consultant Services	0.00	
4. ADP/Computer Services	0.00	
<ol><li>Subawards/Consortium/Contractual Costs</li></ol>	0.00	
6. Equipment or Facility Rental/User Fees	0.00	
7. Alterations and Renovations	0.00	
8. Other 1	0.00	
9. Other 2	0.00	
10. Other 3	0.00	
Section G, Direct Costs (A thru F)		250,000.00
Section H, Indirect Costs		138,750.00
Section I, Total Direct and Indirect Costs (G + H)		388,750.00
Section J, Fee		0.00
Section K, Total Costs and Fee (I + J)		388,750.00

# RESEARCH & RELATED BUDGET - SECTION A & B, Budget Period 1

ORGANIZATIONAL DUNS\*: 5290274740000

Budget Type\*: ○ Project ● Subaward/Consortium

Enter name of Organization: Wuhan Institute of Virology

Start Date\*: 06-01-2019

End Date\*: 05-31-2020

Budget Period: 1

	r/Key Person x First Name*	Middle Name	Last Name*	Suffix Project Role*	Base Salary (\$)	Calendar Months		Requested Salary (\$)*	Fringe Benefits (\$)*	Funds Requested (\$)*
1 . Dr.	Zhengli		Shi	Co-Investigator	7.1.02					(b) (4), (b) (6
2 . Dr.	Peng		Zhou	Co-Investigator						
3 . Dr.	Ben		Hu	Co-Investigator		0.1=0				
Total Fu	inds Requested	for all Senio	r Key Persons in t	the attached file						
Addition	nal Senior Key P	ersons:	File Name:					Total Sen	ior/Key Persor	17,567.00

B. Other Pers	sonnel				
Number of Personnel*	Project Role*	Calendar Months Academic Months Summer Months	Requested Salary (\$)*	Fringe Benefits*	Funds Requested (\$)*
	Post Doctoral Associates				
	Graduate Students	(0)			
	Undergraduate Students				
	Secretarial/Clerical				
0	<b>Total Number Other Personnel</b>		Tota	ol Other Personnel	0.00
		\dagger_1	Total Salary, Wages and Frin	ige Benefits (A+B)	17,567.00

ORGANIZATIONAL DUNS\*: 5290274740000

Budget Type\*: O Project Subaward/Consortium

Organization: Wuhan Institute of Virology

Start Date\*: 06-01-2019 End Date\*: 05-31-2020 **Budget Period: 1** 

C. Equipment Description

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

Equipment Item Funds Requested (\$)\*

Total funds requested for all equipment listed in the attached file

**Total Equipment** 0.00

Additional Equipment: File Name:

D. Travel Funds Requested (\$)\*

1. Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions)

2. Foreign Travel Costs

**Total Travel Cost** 4,314.00

4,314.00

0.00

E. Participant/Trainee Support Costs

Number of Participants/Trainees

Funds Requested (\$)\*

- 1. Tuition/Fees/Health Insurance
- 2. Stipends
- 3. Travel
- 4. Subsistence

5. Other:

**Total Participant Trainee Support Costs** 

ORGANIZATIONAL DUNS\*: 5290274740000 Budget Type\*: O Project Subaward/Consortium Organization: Wuhan Institute of Virology Start Date\*: 06-01-2019 End Date\*: 05-31-2020 **Budget Period: 1** F. Other Direct Costs Funds Requested (\$)\* 1. Materials and Supplies 48,668.00 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 **Total Other Direct Costs** 48,668.00 **G. Direct Costs** Funds Requested (\$)\* 70,649.00 Total Direct Costs (A thru F) **H. Indirect Costs** Indirect Cost Type Indirect Cost Rate (%) Indirect Cost Base (\$) Funds Requested (\$)\*

1 . Direct Costs

8.0 70,648.00

Total Indirect Costs

5,652.00

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

I. Total Direct and Indirect Costs

Total Direct and Indirect Institutional Costs (G + H)

76,301.00

K. Total Costs and Fee Funds Requested (\$)\*
76,301.00

L. Budget Justification\*

File Name:

NIAID\_COV\_2019\_WIV\_BUDGET\_JUSTIFICATION.pdf

(Only attach one file.)

RESEARCH & RELATED Budget {F-K} (Funds Requested)

Funds Requested (\$)\*

J. Fee

# RESEARCH & RELATED BUDGET - SECTION A & B, Budget Period 2

ORGANIZATIONAL DUNS\*: 5290274740000

Budget Type\*: ○ Project ● Subaward/Consortium

Enter name of Organization: Wuhan Institute of Virology

	r/Key Person x First Name*	Middle Name	Last Name*	Suffix Project Role*	Base Salary (\$)	Calendar Months		Requested Salary (\$)*	Fringe Benefits (\$)*	Funds Requested (\$)*
1 . Dr.	Zhengli		Shi	Co-Investigator		10000				(b) (4), (b) (
2 . Dr.	Peng		Zhou	Co-Investigator						
3 . Dr.	Ben		Hu	Co-Investigator						
Total Fu	nds Requested	for all Senio	r Key Persons in t	the attached file						
Addition	al Senior Key P	ersons:	File Name:					Total Sen	ior/Key Persor	17,567.00

B. Other Pers	sonnel				
Number of	Project Role*	Calendar Months Academic Months Summer Months	Requested Salary (\$)*	ringe Benefits*	Funds Requested (\$)*
Personnel*	Post Doctoral Associates				
	Graduate Students	(0)			
	Undergraduate Students				
	Secretarial/Clerical				
0	<b>Total Number Other Personnel</b>		Total C	Other Personnel	0.00
		\dagger_1	Total Salary, Wages and Fringe	Benefits (A+B)	17,667.00

ORGANIZATIONAL DUNS\*: 5290274740000

Budget Type\*: ○ Project ● Subaward/Consortium

Organization: Wuhan Institute of Virology

C. Equipment Description

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

Equipment Item Funds Requested (\$)\*

Total funds requested for all equipment listed in the attached file

Total Equipment 0.00

Additional Equipment: File Name:

D. Travel Funds Requested (\$)\*

1. Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions)

2. Foreign Travel Costs

Total Travel Cost 4,314.00

E. Participant/Trainee Support Costs

1. Tuition/Fees/Health Insurance

- 2. Stipends
- 3. Travel
- 4. Subsistence
- 5. Other:

Number of Participants/Trainees

**Total Participant Trainee Support Costs** 

0.00

4,314.00

Funds Requested (\$)\*

ORGANIZATIONAL DUNS\*: 5290274740000 Budget Type\*: O Project Subaward/Consortium Organization: Wuhan Institute of Virology Start Date\*: 06-01-2020 End Date\*: 05-31-2021 **Budget Period: 2** F. Other Direct Costs Funds Requested (\$)\* 1. Materials and Supplies 48,668.00 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 **Total Other Direct Costs** 48,668.00 **G. Direct Costs** Funds Requested (\$)\* 70,649.00 Total Direct Costs (A thru F) **H. Indirect Costs** Indirect Cost Type Indirect Cost Rate (%) Indirect Cost Base (\$) Funds Requested (\$)\* 1. Direct Costs 8.0 70,648.00 5,652.00 **Total Indirect Costs** 5,652.00 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) 76,301.00 J. Fee Funds Requested (\$)\* K. Total Costs and Fee Funds Requested (\$)\* 76,301.00 L. Budget Justification\* File Name:

RESEARCH & RELATED Budget (F-K) (Funds Requested)

NIAID COV 2019 WIV BUDGET JUSTIFICATION.pdf

(Only attach one file.)

# RESEARCH & RELATED BUDGET - SECTION A & B, Budget Period 3

ORGANIZATIONAL DUNS\*: 5290274740000

Budget Type\*: ○ Project ● Subaward/Consortium

Enter name of Organization: Wuhan Institute of Virology

 **Budget Period: 3** 

	r/Key Person x First Name*	Middle Name	Last Name*	Suffix Project Role*	Base Salary (\$)	Calendar Months		Requested Salary (\$)*	Fringe Benefits (\$)*	Funds Requested (\$)*
1 . Dr.	Zhengli		Shi	Co-Investigator	100000					(b) (4), (b) (6
2 . Dr.	Peng		Zhou	Co-Investigator						
3 . Dr.	Ben		Hu	Co-Investigator		0.1-1				
Total Fu	inds Requested	for all Senio	or Key Persons in t	the attached file						
Addition	nal Senior Key P	ersons:	File Name:					Total Sen	ior/Key Persor	17,567.00

B. Other Pers	sonnel				
Number of Personnel*	Project Role*	Calendar Months Academic Months Summer Months	Requested Salary (\$)*	Fringe Benefits*	Funds Requested (\$)*
	Post Doctoral Associates				
	Graduate Students	(0)			
	Undergraduate Students				
	Secretarial/Clerical				
0	<b>Total Number Other Personnel</b>		Tota	al Other Personnel	0.00
		\dagger_1	Total Salary, Wages and Frin	nge Benefits (A+B)	17,667.00

ORGANIZATIONAL DUNS\*: 5290274740000

Budget Type\*: ○ Project ● Subaward/Consortium

Organization: Wuhan Institute of Virology

C. Equipment Description

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

Equipment Item Funds Requested (\$)\*

Total funds requested for all equipment listed in the attached file

Total Equipment 0.00

Additional Equipment: File Name:

D. Travel Funds Requested (\$)\*

1. Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions)

2. Foreign Travel Costs

Total Travel Cost 4,314.00

E. Participant/Trainee Support Costs

1. Tuition/Fees/Health Insurance

- 2. Stipends
- 3. Travel
- 4. Subsistence
- 5. Other:

Number of Participants/Trainees

**Total Participant Trainee Support Costs** 

0.00

4,314.00

Funds Requested (\$)\*

ORGANIZATIONAL DUNS\*: 5290274740000 Budget Type\*: O Project Subaward/Consortium Organization: Wuhan Institute of Virology Start Date\*: 06-01-2021 End Date\*: 05-31-2022 **Budget Period: 3** F. Other Direct Costs Funds Requested (\$)\* 1. Materials and Supplies 48,668.00 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 **Total Other Direct Costs** 48,668.00 **G. Direct Costs** Funds Requested (\$)\* 70,649.00 Total Direct Costs (A thru F) **H. Indirect Costs** Indirect Cost Type Indirect Cost Rate (%) Indirect Cost Base (\$) Funds Requested (\$)\* 1. Direct Costs 8.0 70,648.00 5,652.00 **Total Indirect Costs** 5,652.00 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) 76,301.00 J. Fee Funds Requested (\$)\* K. Total Costs and Fee Funds Requested (\$)\* 76,301.00 L. Budget Justification\* File Name:

RESEARCH & RELATED Budget {F-K} (Funds Requested)

NIAID COV 2019 WIV BUDGET JUSTIFICATION.pdf

(Only attach one file.)

# RESEARCH & RELATED BUDGET - SECTION A & B, Budget Period 4

ORGANIZATIONAL DUNS\*: 5290274740000

Budget Type\*: ○ Project ● Subaward/Consortium

Enter name of Organization: Wuhan Institute of Virology

Start Date\*: 06-01-2022

End Date\*: 05-31-2023

Budget Period: 4

	r/Key Person x First Name*	Middle Name	Last Name*	Suffix Project Role*	Base Salary (\$)	Calendar Months		Requested Salary (\$)*	Fringe Benefits (\$)*	Funds Requested (\$)*
1 . Dr.	Zhengli		Shi	Co-Investigator	100000	1000				(b) (4), (b) (
2 . Dr.	Peng		Zhou	Co-Investigator						
3 . Dr.	Ben		Hu	Co-Investigator						
Total Fu	inds Requested	for all Senio	r Key Persons in t	the attached file						
Addition	nal Senior Key P	ersons:	File Name:					Total Sen	ior/Key Persor	17,567.00

B. Other Pers	sonnel	Thomas M. J. and J. concern resta	- w //		to a second
Number of Personnel*	Project Role*	Calendar Months Academic Months Summer Months	Requested Salary (\$)*	Fringe Benefits*	Funds Requested (\$)*
	Post Doctoral Associates				
	Graduate Students	(0)			
	Undergraduate Students				
	Secretarial/Clerical				
0	<b>Total Number Other Personnel</b>		То	tal Other Personnel	0.00
		in the second se	Total Salary, Wages and Fr	inge Benefits (A+B)	17,567.00

ORGANIZATIONAL DUNS\*: 5290274740000

Budget Type\*: ○ Project ● Subaward/Consortium

Organization: Wuhan Institute of Virology

C. Equipment Description

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

Equipment Item Funds Requested (\$)\*

Total funds requested for all equipment listed in the attached file

Total Equipment 0.00

Additional Equipment: File Name:

D. Travel Funds Requested (\$)\*

1. Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions)

2. Foreign Travel Costs

Total Travel Cost 4,314.00

E. Participant/Trainee Support Costs

1. Tuition/Fees/Health Insurance

- 2. Stipends
- 3. Travel
- 4. Subsistence
- 5. Other:

Number of Participants/Trainees

**Total Participant Trainee Support Costs** 

0.00

4,314.00

Funds Requested (\$)\*

ORGANIZATIONAL DUNS\*: 5290274740000 Budget Type\*: O Project Subaward/Consortium Organization: Wuhan Institute of Virology Start Date\*: 06-01-2022 End Date\*: 05-31-2023 **Budget Period: 4** F. Other Direct Costs Funds Requested (\$)\* 1. Materials and Supplies 48,668.00 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 **Total Other Direct Costs** 48,668.00 **G. Direct Costs** Funds Requested (\$)\* 70,649.00 Total Direct Costs (A thru F) **H. Indirect Costs** Indirect Cost Type Indirect Cost Rate (%) Indirect Cost Base (\$) Funds Requested (\$)\* 1. Direct Costs 8.0 70,648.00 5,652.00 **Total Indirect Costs** 5,652.00 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) 76,301.00 J. Fee Funds Requested (\$)\* K. Total Costs and Fee Funds Requested (\$)\* 76,301.00 L. Budget Justification\* File Name:

RESEARCH & RELATED Budget (F-K) (Funds Requested)

NIAID COV 2019 WIV BUDGET JUSTIFICATION.pdf

(Only attach one file.)

# RESEARCH & RELATED BUDGET - SECTION A & B, Budget Period 5

ORGANIZATIONAL DUNS\*: 5290274740000

Budget Type\*: O Project Subaward/Consortium Enter name of Organization: Wuhan Institute of Virology

Start Date\*: 06-01-2023

End Date\*: 05-31-2024

**Budget Period: 5** 

	r/Key Person x First Name*	Middle Name	Last Name*	Suffix Project Role*	Base Salary (\$)	Calendar		Requested Salary (\$)*	Fringe Benefits (\$)*	Funds Requested (\$)*
1 . Dr.	Zhengli		Shi	Co-Investigator	, ,,,			7.147		(b) (4), (b) (
2 . Dr.	Peng		Zhou	Co-Investigator	•					
3 . Dr.	Ben		Hu	Co-Investigator	- 111111					
Total Fu	nds Requested	for all Senio	r Key Persons in t	the attached file						
Addition	al Senior Key P	ersons:	File Name:					Total Sen	ior/Key Persor	17,567.00

B. Other Pers	sonnel				
Number of Personnel*	Project Role*	Calendar Months Academic Months Summer Months	Requested Salary (\$)* Fringe Be	enefits*	Funds Requested (\$)*
	Post Doctoral Associates				
	Graduate Students	(0)			
	Undergraduate Students				
	Secretarial/Clerical				
0	<b>Total Number Other Personnel</b>		Total Other Per	sonnel	0.00
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Total Salary, Wages and Fringe Benefits	s (A+B)	17,567.00

ORGANIZATIONAL DUNS\*: 5290274740000

Budget Type\*: ○ Project ● Subaward/Consortium

Organization: Wuhan Institute of Virology

C. Equipment Description

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

Equipment Item Funds Requested (\$)\*

Total funds requested for all equipment listed in the attached file

Total Equipment 0.00

Additional Equipment: File Name:

D. Travel Funds Requested (\$)\*

1. Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions)

2. Foreign Travel Costs

4,314.00

Funds Requested (\$)\*

Total Travel Cost 4,314.00

E. Participant/Trainee Support Costs

1. Tuition/Fees/Health Insurance

- 2. Stipends
- 3. Travel
- 4. Subsistence
- 5. Other:

Number of Participants/Trainees

**Total Participant Trainee Support Costs** 

0.00

ORGANIZATIONAL DUNS\*: 5290274740000 Budget Type\*: O Project Subaward/Consortium Organization: Wuhan Institute of Virology Start Date\*: 06-01-2023 End Date\*: 05-31-2024 **Budget Period: 5** F. Other Direct Costs Funds Requested (\$)\* 1. Materials and Supplies 48,668.00 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 **Total Other Direct Costs** 48,668.00 **G. Direct Costs** Funds Requested (\$)\* 70,649.00 Total Direct Costs (A thru F) **H. Indirect Costs** Indirect Cost Type Indirect Cost Rate (%) Indirect Cost Base (\$) Funds Requested (\$)\* 1. Direct Costs 8.0 70,648.00 5,652.00 **Total Indirect Costs** 5,652.00 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) 76,301.00 J. Fee Funds Requested (\$)\* K. Total Costs and Fee Funds Requested (\$)\* 76,301.00

RESEARCH & RELATED Budget (F-K) (Funds Requested)

File Name:

(Only attach one file.)

NIAID COV 2019 WIV BUDGET JUSTIFICATION.pdf

L. Budget Justification\*

### WUHAN INSTITUTE OF VIROLOGY BUDGET JUSTIFICATION, SUBAWARD

### A. Senior/Key Personnel:

Dr. Zhengli Shi, Co-Investigator. Senior Research Scientist at Wuhan Institute of Virology (WIV) Chinese Academy of Sciences, will commit (b) (4), (b) (6) per year (b) (4), (b) (6) to this project to oversee the laboratory implementation at WIV. At a regular basis, Dr. Shi will meet with other Co-Pls to refine study protocols, report back results, and prepare publications. Dr. Shi has been working on the discovery and characterization of novel viruses from bats and other wildlife since 2004. This included the discovery that Chinese horseshoe bats are the natural reservoir of SARSr-CoVs and the likely origin of SARS-CoV. Her lab at WIV isolated SARSr-CoVs from bats sharing high homology with human SARS-CoV and demonstrated their interspecies transmission risk, largely confirming bats as the source of SARs. She will lead her team to carry out then systematic studies on the epidemiology, genetic evolution, interspecies infection mechanism and pathogenesis of a series of bat-borne CoVs on this R01 renewal proposal.

<u>Dr. Peng Zhou, Co-Investigator.</u> Research Scientist at Wuhan Institute of Virology (WIV) Chinese Academy of Sciences, will commit will commit (b) (4) (b) (6) per year (b) (4) (b) (6) to this project to be in charge of the diagnostics, genomics, and virus isolation work at WIV. Dr. Zhou have been working on bat virology since 2004, who will contribute his expertise in next generation diagnostic tool development for monitoring bat virus spillover, bat pathogen discovery, and bat viral immunology to this R01 renewal proposal.

### B. Equipment

No equipment over \$5,000 will be purchased.

#### C. Travel

We are requesting \$4,314 per year for all years for Dr. Shi to travel to the United States to meet with EcoHealth Alliance (Daszak, Francesco, Olival, Ross) and University of North Carolina at Chapel Hill (Baric, Sims) collaborators. Travel is calculated at one round trip airfare from Wuhan to New York City (\$1,000), ninenight hotel in New York City (\$288 per night), and 10 days per diem at \$76 per day except for first and last day, which have a reduced per diem of \$57.

### D. Other Direct Costs

We are requesting support for laboratory experiments and related testing costs with a minimum base of 2,000 samples from 1,000 animals per year.

#### RNA Extractions

We will be running RNA Extractions for 1,000 bats per year (two samples per bat: rectal and blood) in each year of the project. This will cost \$6,214 per year (QIAamp ViralRNA Mini Kit with Axygen Pipette Tips and Filter Tubes at \$3.11 per sample).

### RT-PCR

Costs for 1-Step RT-PCR assays for Coronavirus conducted on 2,000 samples per year for each year of the project total \$6,358 and are detailed as follows: Superscript III one step kit (\$2.31 per sample); Platinum Tag DNA Polymerase (\$0.25 per sample); nuclease-free water (\$0.07 per sample); and Axygen Pipette Tips and Filter Tubes (\$0.54 per sample).

#### **DNA Sequencing**

In each year of the project, DNA Sequencing will be performed on 1,500 samples at a cost of \$4.34 per reaction. We request a total of \$6,503 per year in each year.

### In vitro Infection Experiment

We are requesting support for *in vitro* infection experiments using pseudoviruses carrying the spike proteins (wild type or mutants) or live viruses in cell lines of different origins, binding affinity assays between the spike proteins (wild type or mutants) and different cellular receptor molecules, and humanized mouse experiments. In each year of the project, we request \$1,040 for Lipofectamine3000 transfection reagent; \$3,612 for GIBCO Fetal Bovine Serum, \$517 for GIBCO antibiotic antimycotic, and 2,601 for GIBCO medium that will be used in the *in vitro* infection experiments that will be used for *in vitro* infection experiment, as well as \$6,000 for cell lines, in total of \$8,639 per year.

### Luciferase Immunoprecipitation System (LIPS) Assay

We are requesting \$18,642 to support the in each year of the project to develop LIPS assay for bat CoV antibody detection, with detailed cost as follows: \$9,827 for Protein A/G UltraLink Resin; \$434 for Monoclonal ANTI-FLAG(R) M2 antibody; \$5,636 for Renilla Luciferase Assay System; \$2,168 for Merck-Millipore MSBVN1B50 MultiScreen HTS; \$578 for Axygen Polypropylene PCR Tube Strips.

### The Enzyme-Linked Immunosorbent Assay (ELISA)

We also request \$2,312 to support the serological testing of 1,000 bat serum samples per year with ELISA plates, at the cost of \$2.31 per sample.

#### E. Indirect Costs

We are requesting an extremely low indirect cost of 8% on all direct costs.

# **RESEARCH & RELATED BUDGET - Cumulative Budget**

	Totals (\$)	
Section A, Senior/Key Person		88,335.00
Section B, Other Personnel		0.00
Total Number Other Personnel	0	
Total Salary, Wages and Fringe Benefits (A+B)		88,335.00
Section C, Equipment		0.00
Section D, Travel		21,570.00
1. Domestic	0.00	
2. Foreign	21,570.00	
Section E, Participant/Trainee Support Costs		0.00
1. Tuition/Fees/Health Insurance	0.00	
2. Stipends	0.00	
3. Travel	0.00	
4. Subsistence	0.00	
5. Other	0.00	
6. Number of Participants/Trainees	0	
Section F, Other Direct Costs		243,340.00
1. Materials and Supplies	243,340.00	
2. Publication Costs	0.00	
3. Consultant Services	0.00	
4. ADP/Computer Services	0.00	
<ol><li>Subawards/Consortium/Contractual Costs</li></ol>	0.00	
6. Equipment or Facility Rental/User Fees	0.00	
7. Alterations and Renovations	0.00	
8. Other 1	0.00	
9. Other 2	0.00	
10. Other 3	0.00	
Section G, Direct Costs (A thru F)		353,245.00
Section H, Indirect Costs		28,260.00
Section I, Total Direct and Indirect Costs (G + H)		381,505.00
Section J, Fee		0.00
Section K, Total Costs and Fee (I + J)		381,505.00

### RESEARCH & RELATED BUDGET - SECTION A & B, Budget Period 1

ORGANIZATIONAL DUNS\*: 5281563570000

Budget Type\*: ○ Project ● Subaward/Consortium

Enter name of Organization: Institute of Pathogen Biology

Start Date\*: 06-01-2019

End Date\*: 05-31-2020

Budget Period: 1

irst Name*	Middle Name	Last Name*	Suffix Project Role*	Base Salary (\$)	Calendar Months	Academic Months		0.00	Fringe Benefits (\$)*	Funds Requested (\$)*
ili		Ren	Co-Investigator	3.0						(b) (4), (b) (6
i		Guo	Co-Investigator							
			he attached file					Tatal Can	ion/Kon Donos	(b) (4), (b) (6
i	li Requested	Name (i	Name Ii Ren Guo Requested for all Senior Key Persons in t	Name  II Ren Co-Investigator Guo Co-Investigator Requested for all Senior Key Persons in the attached file	Name Salary (\$)  If Ren Co-Investigator Guo Co-Investigator Requested for all Senior Key Persons in the attached file	Name  Ren Co-Investigator Guo Co-Investigator Requested for all Senior Key Persons in the attached file	Name Salary (\$) Months Months  Ren Co-Investigator Guo Co-Investigator Requested for all Senior Key Persons in the attached file	Name Salary (\$) Months Months Months  Ren Co-Investigator Guo Co-Investigator Requested for all Senior Key Persons in the attached file	Name Salary (\$) Months Months Salary (\$)*  If Ren Co-Investigator Guo Co-Investigator Requested for all Senior Key Persons in the attached file	Name Salary (\$) Months Months Salary (\$)* Benefits (\$)*  Ren Co-Investigator Guo Co-Investigator Requested for all Senior Key Persons in the attached file

B. Other Pers	sonnel				
Number of Personnel*	Project Role*	Calendar Months Academic Months Summer Months	Requested Salary (\$)*	Fringe Benefits*	Funds Requested (\$)*
	Post Doctoral Associates				
	Graduate Students				
	Undergraduate Students				
	Secretarial/Clerical				
0	<b>Total Number Other Personnel</b>		Tota	l Other Personnel	0.00
		1	otal Salary, Wages and Frin	ge Benefits (A+B)	(b) (4), (b) (6

ORGANIZATIONAL DUNS\*: 5281563570000

Budget Type\*: ○ Project ● Subaward/Consortium

Organization: Institute of Pathogen Biology

C. Equipment Description

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

Equipment Item Funds Requested (\$)\*

Total funds requested for all equipment listed in the attached file

Total Equipment 0.00

Additional Equipment: File Name:

D. Travel Funds Requested (\$)\*

1. Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions)

2. Foreign Travel Costs

Total Travel Cost 4,314.00

E. Participant/Trainee Support Costs

1. Tuition/Fees/Health Insurance

2. Stipends

3. Travel

4. Subsistence

5. Other:

Number of Participants/Trainees

**Total Participant Trainee Support Costs** 

0.00

4,314.00

Funds Requested (\$)\*

ORGANIZATIONAL DUNS\*: 5281563570000

Budget Type\*: O Project Subaward/Consortium

Organization: Institute of Pathogen Biology

Start Date\*: 06-01-2019 End Date\*: 05-31-2020 **Budget Period: 1** 

F. Other Direct Costs Funds Requested (\$)\* 1. Materials and Supplies 48,686.00 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

**Total Other Direct Costs** 48,686.00

**G. Direct Costs** Funds Requested (\$)\* 70,000.00 Total Direct Costs (A thru F)

**H. Indirect Costs** Indirect Cost Type Indirect Cost Rate (%) Indirect Cost Base (\$) Funds Requested (\$)\* 1. Direct Costs 8.0 70,000.00 5,600.00 **Total Indirect Costs** 5,600.00

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) 75,600.00

J. Fee Funds Requested (\$)\*

K. Total Costs and Fee Funds Requested (\$)\* 75,600.00

L. Budget Justification\* File Name: NIAID COV 2019 IPB BUDGET JUSTIFICATION.pdf (Only attach one file.)

### RESEARCH & RELATED BUDGET - SECTION A & B, Budget Period 2

ORGANIZATIONAL DUNS\*: 5281563570000

Budget Type\*: ○ Project ● Subaward/Consortium

Enter name of Organization: Institute of Pathogen Biology

Start Date\*: 06-01-2020

End Date\*: 05-31-2021

Budget Period: 2

	/Key Person First Name*	Middle Name	Last Name*	Suffix Project Role*	Base Salary (\$)	Calendar Months	Academic Months	Requested Salary (\$)*	Fringe Benefits (\$)*	Funds Requested (\$)*
1 . Dr.	Lili		Ren	Co-Investigator		1000		-		(b) (4), (b) (6
2 . Dr.	Li		Guo	Co-Investigator						
	ds Requested al Senior Key P		r Key Persons in t File Name:	he attached file				Total Sen	ior/Key Persor	(b) (4), (b) (6

B. Other Pers	sonnel				
Number of Personnel*	Project Role*	Calendar Months Academic Months Summer Months	Requested Salary (\$)*	Fringe Benefits*	Funds Requested (\$)*
	Post Doctoral Associates				
	Graduate Students				
	Undergraduate Students				
	Secretarial/Clerical		, pile 10 10 11 11 11 11 11 11 11 11 11 11 11		
0	<b>Total Number Other Personnel</b>		To	otal Other Personnel	0.00
		1	Total Salary, Wages and F	ringe Benefits (A+B)	(b) (4), (b) (6

ORGANIZATIONAL DUNS\*: 5281563570000

Budget Type\*: ○ Project ● Subaward/Consortium

Organization: Institute of Pathogen Biology

C. Equipment Description

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

Equipment Item Funds Requested (\$)\*

Total funds requested for all equipment listed in the attached file

Total Equipment 0.00

Additional Equipment: File Name:

D. Travel Funds Requested (\$)\*

1. Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions)

2. Foreign Travel Costs

Total Travel Cost 4,314.00

E. Participant/Trainee Support Costs

1. Tuition/Fees/Health Insurance

- 2. Stipends
- 3. Travel
- 4. Subsistence
- 5. Other:

Number of Participants/Trainees

**Total Participant Trainee Support Costs** 

0.00

4,314.00

Funds Requested (\$)\*

ORGANIZATIONAL DUNS\*: 5281563570000

Budget Type\*: ○ Project ● Subaward/Consortium

Organization: Institute of Pathogen Biology

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

G. Direct Costs

Funds Requested (\$)\*

Total Direct Costs (A thru F) 70,000.00

**Total Other Direct Costs** 

48,686.00

H. Indirect Costs

Indirect Cost Type
Indirect Cost Rate (%) Indirect Cost Base (\$) Funds Requested (\$)\*

1 . Direct Costs
8.0 70,000.00
Total Indirect Costs
5,600.00

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)

75,600.00

J. Fee Funds Requested (\$)\*

K. Total Costs and Fee Funds Requested (\$)\*
75,600.00

L. Budget Justification\*

File Name:

NIAID\_COV\_2019\_IPB\_BUDGET\_JUSTIFICATION.pdf

(Only attach one file.)

# RESEARCH & RELATED BUDGET - SECTION A & B, Budget Period 3

ORGANIZATIONAL DUNS\*: 5281563570000

Budget Type\*: ○ Project ● Subaward/Consortium

Enter name of Organization: Institute of Pathogen Biology

Start Date\*: 06-01-2021

End Date\*: 05-31-2022

**Budget Period: 3** 

Pref	x First Name*	Middle Name	Last Name*	Suffix Project Role*	Base Salary (\$)	Calendar Months		Requested Salary (\$)*	Fringe Benefits (\$)*	Funds Requested (\$)*
1 . Dr.	Liti		Ren	Co-Investigator		100000				(b) (4), (b) (
2 . Dr.	Li		Guo	Co-Investigator		-				
	inds Requeste nal Senior Key		or Key Persons in t File Name:	he attached file				Total Sen	ior/Key Persor	(b) (4), (b) (

B. Other Pers	sonnel				
Number of Personnel*	Project Role*	Calendar Months Academic Months Summer Months	Requested Salary (\$)*	Fringe Benefits*	Funds Requested (\$)*
	Post Doctoral Associates				
	Graduate Students				
	Undergraduate Students				
	Secretarial/Clerical				
0	<b>Total Number Other Personnel</b>		To	tal Other Personnel	0.00
		1	otal Salary, Wages and Fr	inge Benefits (A+B)	(b) (4), (b) (6

ORGANIZATIONAL DUNS\*: 5281563570000

Budget Type\*: O Project Subaward/Consortium

Organization: Institute of Pathogen Biology

Start Date\*: 06-01-2021 End Date\*: 05-31-2022 **Budget Period: 3** 

C. Equipment Description

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

Equipment Item Funds Requested (\$)\*

Total funds requested for all equipment listed in the attached file

**Total Equipment** 0.00

Additional Equipment: File Name:

D. Travel Funds Requested (\$)\*

1. Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions)

2. Foreign Travel Costs

**Total Travel Cost** 4,314.00

4,314.00

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** 0.00

ORGANIZATIONAL DUNS\*: 5281563570000

Budget Type\*: ○ Project ● Subaward/Consortium

Organization: Institute of Pathogen Biology

F. Other Direct Costs

1. Materials and Supplies

48,686.00

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

Total Other Direct Costs 48,686.00

G. Direct Costs

Funds Requested (\$)\*

Total Direct Costs (A thru F) 70,000.00

H. Indirect Costs

Indirect Cost Type
Indirect Cost Rate (%) Indirect Cost Base (\$) Funds Requested (\$)\*

1 . Direct Costs

8.0 70,000.00

Total Indirect Costs
5,600.00

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)

75,600.00

J. Fee Funds Requested (\$)\*

K. Total Costs and Fee Funds Requested (\$)\*
75,600.00

L. Budget Justification\*

File Name:

NIAID\_COV\_2019\_IPB\_BUDGET\_JUSTIFICATION.pdf

(Only attach one file.)

# RESEARCH & RELATED BUDGET - SECTION A & B, Budget Period 4

ORGANIZATIONAL DUNS\*: 5281563570000

Budget Type\*: ○ Project ● Subaward/Consortium

Enter name of Organization: Institute of Pathogen Biology

Start Date\*: 06-01-2022

End Date\*: 05-31-2023

Budget Period: 4

A. Senior/Key Person Prefix First Name*	Middle Name	Last Name*	Suffix Project Role*	Base Salary (\$)	Calendar Months		Requested Salary (\$)*	Fringe Benefits (\$)*	Funds Requested (\$)*
1 . Dr. Lili		Ren	Co-Investigator	and the second	100000				(b) (4), (b) (
2 . Dr. Li		Guo	Co-Investigator						
Total Funds Requeste Additional Senior Key		r Key Persons in t File Name:	he attached file				Total Seni	ior/Key Persor	(b) (4), (b) (

B. Other Pers	sonnel				
Number of Personnel*	Project Role*	Calendar Months Academic Months Summer Months	Requested Salary (\$)*	Fringe Benefits*	Funds Requested (\$)*
	Post Doctoral Associates				
	Graduate Students				
	Undergraduate Students				
	Secretarial/Clerical				
0	<b>Total Number Other Personnel</b>		То	tal Other Personnel	0.00
		1	otal Salary, Wages and Fr	inge Benefits (A+B)	(b) (4), (b) (6)

ORGANIZATIONAL DUNS\*: 5281563570000

Budget Type\*: ○ Project ● Subaward/Consortium

Organization: Institute of Pathogen Biology

C. Equipment Description

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

Equipment Item Funds Requested (\$)\*

Total funds requested for all equipment listed in the attached file

Total Equipment 0.00

Additional Equipment: File Name:

D. Travel Funds Requested (\$)\*

1. Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions)

2. Foreign Travel Costs

Total Travel Cost 4,314.00

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** 

0.00

4,314.00

ORGANIZATIONAL DUNS\*: 5281563570000

Budget Type\*: ○ Project ● Subaward/Consortium

Organization: Institute of Pathogen Biology

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

G. Direct Costs

Funds Requested (\$)\*

Total Direct Costs (A thru F) 70,000.00

**Total Other Direct Costs** 

48,686.00

H. Indirect Costs

Indirect Cost Type
Indirect Cost Rate (%) Indirect Cost Base (\$) Funds Requested (\$)\*

1 . Direct Costs
8.0 70,000.00
Total Indirect Costs
5,600.00

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)

75,600.00

J. Fee Funds Requested (\$)\*

K. Total Costs and Fee Funds Requested (\$)\*
75,600.00

L. Budget Justification\*

File Name:

NIAID\_COV\_2019\_IPB\_BUDGET\_JUSTIFICATION.pdf

(Only attach one file.)

# RESEARCH & RELATED BUDGET - SECTION A & B, Budget Period 5

ORGANIZATIONAL DUNS\*: 5281563570000

Budget Type\*: ○ Project ● Subaward/Consortium

Enter name of Organization: Institute of Pathogen Biology

Start Date\*: 06-01-2023

End Date\*: 05-31-2024

Budget Period: 5

Prefi	x First Name*	Middle Name	Last Name*	Suffix Project Role*	Base Salary (\$)	Calendar Months	Academic Months	Requested Salary (\$)*	Fringe Benefits (\$)*	Funds Requested (\$)*
1 . Dr.	Lili		Ren	Co-Investigator						(b) (4), (b) (
2 . Dr.	Li		Guo	Co-Investigator						
	nds Requested al Senior Key P		r Key Persons in t File Name:	he attached file				Total Sen	ior/Key Persor	(b) (4), (b) (

B. Other Pers	sonnel				
Number of Personnel*	Project Role*	Calendar Months Academic Months Summer Months	Requested Salary (\$)*	Fringe Benefits*	Funds Requested (\$)*
	Post Doctoral Associates				
	Graduate Students				
	Undergraduate Students				
	Secretarial/Clerical				
0	<b>Total Number Other Personnel</b>		To	tal Other Personnel	0.00
		1	otal Salary, Wages and Fri	inge Benefits (A+B)	(b) (4), (b) (6

ORGANIZATIONAL DUNS\*: 5281563570000

Budget Type\*: ○ Project ● Subaward/Consortium

Organization: Institute of Pathogen Biology

C. Equipment Description

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

Equipment Item Funds Requested (\$)\*

Total funds requested for all equipment listed in the attached file

Total Equipment 0.00

Additional Equipment: File Name:

D. Travel Funds Requested (\$)\*

1. Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions)

2. Foreign Travel Costs

Total Travel Cost 4,314.00

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** 

0.00

4,314.00

ORGANIZATIONAL DUNS\*: 5281563570000

Budget Type\*: ○ Project ● Subaward/Consortium

Organization: Institute of Pathogen Biology

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

Total Other Direct Costs

48,686.00

G. Direct Costs

Funds Requested (\$)\*

Total Direct Costs (A thru F)

70,000.00

H. Indirect Costs

Indirect Cost Type
Indirect Cost Rate (%) Indirect Cost Base (\$) Funds Requested (\$)\*

1 . Direct Costs
8.0 70,000.00
Total Indirect Costs
5,600.00

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)

75,600.00

J. Fee Funds Requested (\$)\*

K. Total Costs and Fee Funds Requested (\$)\*
75,600.00

L. Budget Justification\*

File Name:

NIAID\_COV\_2019\_IPB\_BUDGET\_JUSTIFICATION.pdf

(Only attach one file.)