

SECTION A-B Budget Period 1										
Organizational DUNS		[REDACTED]								
Budget Type		<input checked="" type="checkbox"/> Project <input type="checkbox"/> Subaward/Consortium								
Name of the Organization		NEW YORK CITY HEALTH & HOSPITALS CORPORATION								
Budget Period: 1 (Start Date: End Date:)										
A. Senior/Key Person										
Name	Project Role	Base Salary (\$)	Cal. Months	Acad. Months	Sum. Months	Requested Salary (\$)	Fringe Benefits (\$)	Federal (\$)	Non Federal (\$)	Funds Requested (\$)
Dr. Lewis Goldfrank	PD/PI	\$0.00	0	0	0	\$0.00	\$0.00	N/A	N/A	\$0.00
Total Senior/Key Person:								N/A	N/A	\$0.00
B. Other Personnel										
Number of Personnel	Project Role	Cal. Months	Acad. Months	Sum. Months	Requested Salary(\$)	Fringe Benefits(\$)	Federal (\$)	Non Federal (\$)	Funds Requested (\$)	
No other personnel have been added for this budget period										
Total Other Personnel:								N/A	N/A	\$0.00
Total Salary, Wages and Fringe Benefits (A+B):										\$0.00

SECTION C thru E Budget Period 1			
Organizational DUNS	[REDACTED]		
Budget Type	<input checked="" type="checkbox"/> Project <input type="checkbox"/> Subaward/Consortium		
Name of the Organization	NEW YORK CITY HEALTH & HOSPITALS CORPORATION		
Budget Period: 1 (Start Date: End Date:)			
C. Equipment Description			
Equipment Item	Federal (\$)	Non Federal (\$)	Funds Requested (\$)
No equipment has been added for this budget period			
Total Equipment:	N/A	N/A	\$0.00
D. Travel			
	Federal (\$)	Non Federal(\$)	Funds Requested (\$)
1. Domestic Travel Costs (Incl. Canada, Mexico and U.S.Possessions)	N/A	N/A	\$0.00
2. Foreign Travel Costs	N/A	N/A	\$0.00
Total Travel Cost:	N/A	N/A	\$0.00
E. Participant/Trainee Support Costs			
	Federal (\$)	Non Federal (\$)	Funds Requested (\$)
1. Tuition/Fees/Health Insurance	N/A	N/A	\$0.00
2. Stipends	N/A	N/A	\$0.00
3. Travel	N/A	N/A	\$0.00
4. Subsistence	N/A	N/A	\$0.00
5. Other, Specify:	N/A	N/A	\$0.00
0 Number of Participants/Trainees	Total Travel Cost:	N/A	N/A
		N/A	\$0.00

SECTION F thru J Budget Period 1					
Organizational DUNS		[REDACTED]			
Budget Type		<input checked="" type="checkbox"/> Project <input type="checkbox"/> Subaward/Consortium			
Name of the Organization		NEW YORK CITY HEALTH & HOSPITALS CORPORATION			
Budget Period: 1 (Start Date: End Date:)					
F. Other Direct Costs		Federal (\$)	Non Federal (\$)	Funds Requested (\$)	
1. Materials and Supplies		N/A	N/A	\$0.00	
2. Publication Costs		N/A	N/A	\$0.00	
3. Consultatnt Services		N/A	N/A	\$0.00	
4. ADP/Computer Services		N/A	N/A	\$0.00	
5. Subawards/Consortium/Contractual Costs		N/A	N/A	\$0.00	
6. Equipment or Facility Rental/User Fees		N/A	N/A	\$0.00	
7. Alterations and Renovations		N/A	N/A	\$0.00	
8. Other, Specify:		N/A	N/A	\$0.00	
9. Other, Specify:		N/A	N/A	\$0.00	
10. Other, Specify:		N/A	N/A	\$0.00	
Total Other Direct Costs:		N/A	N/A	\$0.00	
G. Direct Costs		Federal (\$)	Non Federal (\$)	Funds Requested (\$)	
Total Direct Costs (A thru F):		N/A	N/A	\$411,532.00	
H. Indirect Costs					
Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Federal (\$)	Non Federal (\$)	Funds Requested (\$)
No indirect costs have been added for this budget period					
Total Indirect Costs:			N/A	N/A	\$58,939.00
Cognizant Federal Agency:					
I. Total Direct and Indirect Costs		Federal (\$)	Non Federal (\$)	Funds Requested (\$)	
Total Direct and Indirect Institutional Costs (G + H)		\$0.00	\$0.00	\$470,471.00	
J. Fee		Federal (\$)	Non Federal (\$)	Funds Requested (\$)	
Fee:		N/A	N/A	\$0.00	

SECTION A-B Budget Period 2										
Organizational DUNS		[REDACTED]								
Budget Type		<input checked="" type="checkbox"/> Project <input type="checkbox"/> Subaward/Consortium								
Name of the Organization		NEW YORK CITY HEALTH & HOSPITALS CORPORATION								
Budget Period: 2 (Start Date: End Date:)										
A. Senior/Key Person										
Name	Project Role	Base Salary (\$)	Cal. Months	Acad. Months	Sum. Months	Requested Salary (\$)	Fringe Benefits (\$)	Federal (\$)	Non Federal (\$)	Funds Requested (\$)
No senior/key people have been added for this budget period										
Total Senior/Key Person:								N/A	N/A	\$0.00
B. Other Personnel										
Number of Personnel	Project Role	Cal. Months	Acad. Months	Sum. Months	Requested Salary(\$)	Fringe Benefits(\$)	Federal (\$)	Non Federal (\$)	Funds Requested (\$)	
No other personnel have been added for this budget period										
Total Other Personnel:								N/A	N/A	\$0.00
Total Salary, Wages and Fringe Benefits (A+B):										\$0.00

SECTION C thru E Budget Period 2			
Organizational DUNS	[REDACTED]		
Budget Type	<input checked="" type="checkbox"/> Project <input type="checkbox"/> Subaward/Consortium		
Name of the Organization	NEW YORK CITY HEALTH & HOSPITALS CORPORATION		
Budget Period: 2 (Start Date: End Date:)			
C. Equipment Description			
Equipment Item	Federal (\$)	Non Federal (\$)	Funds Requested (\$)
No equipment has been added for this budget period			
Total Equipment:	N/A	N/A	\$0.00
D. Travel			
	Federal (\$)	Non Federal(\$)	Funds Requested (\$)
1. Domestic Travel Costs (Incl. Canada, Mexico and U.S.Possessions)	N/A	N/A	\$0.00
2. Foreign Travel Costs	N/A	N/A	\$0.00
Total Travel Cost:	N/A	N/A	\$0.00
E. Participant/Trainee Support Costs			
	Federal (\$)	Non Federal (\$)	Funds Requested (\$)
1. Tuition/Fees/Health Insurance	N/A	N/A	\$0.00
2. Stipends	N/A	N/A	\$0.00
3. Travel	N/A	N/A	\$0.00
4. Subsistence	N/A	N/A	\$0.00
5. Other, Specify:	N/A	N/A	\$0.00
0 Number of Participants/Trainees	Total Travel Cost:	N/A	N/A
		N/A	\$0.00

SECTION F thru J Budget Period 2					
Organizational DUNS	[REDACTED]				
Budget Type	<input checked="" type="checkbox"/> Project <input type="checkbox"/> Subaward/Consortium				
Name of the Organization	NEW YORK CITY HEALTH & HOSPITALS CORPORATION				
Budget Period: 2 (Start Date: End Date:)					
F. Other Direct Costs	Federal (\$)	Non Federal (\$)	Funds Requested (\$)		
1. Materials and Supplies	N/A	N/A	\$0.00		
2. Publication Costs	N/A	N/A	\$0.00		
3. Consultatnt Services	N/A	N/A	\$0.00		
4. ADP/Computer Services	N/A	N/A	\$0.00		
5. Subawards/Consortium/Contractual Costs	N/A	N/A	\$0.00		
6. Equipment or Facility Rental/User Fees	N/A	N/A	\$0.00		
7. Alterations and Renovations	N/A	N/A	\$0.00		
8. Other, Specify:	N/A	N/A	\$0.00		
9. Other, Specify:	N/A	N/A	\$0.00		
10. Other, Specify:	N/A	N/A	\$0.00		
Total Other Direct Costs:	N/A	N/A	\$0.00		
G. Direct Costs	Federal (\$)	Non Federal (\$)	Funds Requested (\$)		
Total Direct Costs (A thru F):	N/A	N/A	\$548,233.00		
H. Indirect Costs					
Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Federal (\$)	Non Federal (\$)	Funds Requested (\$)
No indirect costs have been added for this budget period					
Total Indirect Costs:			N/A	N/A	\$78,507.00
Cognizant Federal Agency:					
I. Total Direct and Indirect Costs	Federal (\$)	Non Federal (\$)	Funds Requested (\$)		
Total Direct and Indirect Institutional Costs (G + H)	\$0.00	\$0.00	\$626,740.00		
J. Fee	Federal (\$)	Non Federal (\$)	Funds Requested (\$)		
Fee:	N/A	N/A	\$0.00		

SECTION A-B Budget Period 3										
Organizational DUNS		██████████								
Budget Type		[X] Project [] Subaward/Consortium								
Name of the Organization		NEW YORK CITY HEALTH & HOSPITALS CORPORATION								
Budget Period: 3 (Start Date: End Date:)										
A. Senior/Key Person										
Name	Project Role	Base Salary (\$)	Cal. Months	Acad. Months	Sum. Months	Requested Salary (\$)	Fringe Benefits (\$)	Federal (\$)	Non Federal (\$)	Funds Requested (\$)
No senior/key people have been added for this budget period										
Total Senior/Key Person:								N/A	N/A	\$0.00
B. Other Personnel										
Number of Personnel	Project Role	Cal. Months	Acad. Months	Sum. Months	Requested Salary(\$)	Fringe Benefits(\$)	Federal (\$)	Non Federal (\$)	Funds Requested (\$)	
No other personnel have been added for this budget period										
Total Other Personnel:								N/A	N/A	\$0.00
Total Salary, Wages and Fringe Benefits (A+B):										\$0.00

SECTION C thru E Budget Period 3			
Organizational DUNS	[REDACTED]		
Budget Type	<input checked="" type="checkbox"/> Project <input type="checkbox"/> Subaward/Consortium		
Name of the Organization	NEW YORK CITY HEALTH & HOSPITALS CORPORATION		
Budget Period: 3 (Start Date: End Date:)			
C. Equipment Description			
Equipment Item	Federal (\$)	Non Federal (\$)	Funds Requested (\$)
No equipment has been added for this budget period			
Total Equipment:	N/A	N/A	\$0.00
D. Travel			
	Federal (\$)	Non Federal(\$)	Funds Requested (\$)
1. Domestic Travel Costs (Incl. Canada, Mexico and U.S.Possessions)	N/A	N/A	\$0.00
2. Foreign Travel Costs	N/A	N/A	\$0.00
Total Travel Cost:	N/A	N/A	\$0.00
E. Participant/Trainee Support Costs			
	Federal (\$)	Non Federal (\$)	Funds Requested (\$)
1. Tuition/Fees/Health Insurance	N/A	N/A	\$0.00
2. Stipends	N/A	N/A	\$0.00
3. Travel	N/A	N/A	\$0.00
4. Subsistence	N/A	N/A	\$0.00
5. Other, Specify:	N/A	N/A	\$0.00
0 Number of Participants/Trainees	Total Travel Cost:	N/A	N/A
		N/A	\$0.00

SECTION F thru J Budget Period 3					
Organizational DUNS	[REDACTED]				
Budget Type	<input checked="" type="checkbox"/> Project <input type="checkbox"/> Subaward/Consortium				
Name of the Organization	NEW YORK CITY HEALTH & HOSPITALS CORPORATION				
Budget Period: 3 (Start Date: End Date:)					
F. Other Direct Costs	Federal (\$)	Non Federal (\$)	Funds Requested (\$)		
1. Materials and Supplies	N/A	N/A	\$0.00		
2. Publication Costs	N/A	N/A	\$0.00		
3. Consultatnt Services	N/A	N/A	\$0.00		
4. ADP/Computer Services	N/A	N/A	\$0.00		
5. Subawards/Consortium/Contractual Costs	N/A	N/A	\$0.00		
6. Equipment or Facility Rental/User Fees	N/A	N/A	\$0.00		
7. Alterations and Renovations	N/A	N/A	\$0.00		
8. Other, Specify:	N/A	N/A	\$0.00		
9. Other, Specify:	N/A	N/A	\$0.00		
10. Other, Specify:	N/A	N/A	\$0.00		
Total Other Direct Costs:	N/A	N/A	\$0.00		
G. Direct Costs	Federal (\$)	Non Federal (\$)	Funds Requested (\$)		
Total Direct Costs (A thru F):	N/A	N/A	\$455,358.00		
H. Indirect Costs					
Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Federal (\$)	Non Federal (\$)	Funds Requested (\$)
No indirect costs have been added for this budget period					
Total Indirect Costs:			N/A	N/A	\$65,207.00
Cognizant Federal Agency:					
I. Total Direct and Indirect Costs	Federal (\$)	Non Federal (\$)	Funds Requested (\$)		
Total Direct and Indirect Institutional Costs (G + H)	\$0.00	\$0.00	\$520,565.00		
J. Fee	Federal (\$)	Non Federal (\$)	Funds Requested (\$)		
Fee:	N/A	N/A	\$0.00		

SECTION A-B Budget Period 4										
Organizational DUNS		[REDACTED]								
Budget Type		<input checked="" type="checkbox"/> Project <input type="checkbox"/> Subaward/Consortium								
Name of the Organization		NEW YORK CITY HEALTH & HOSPITALS CORPORATION								
Budget Period: 4 (Start Date: End Date:)										
A. Senior/Key Person										
Name	Project Role	Base Salary (\$)	Cal. Months	Acad. Months	Sum. Months	Requested Salary (\$)	Fringe Benefits (\$)	Federal (\$)	Non Federal (\$)	Funds Requested (\$)
No senior/key people have been added for this budget period										
Total Senior/Key Person:								N/A	N/A	\$0.00
B. Other Personnel										
Number of Personnel	Project Role	Cal. Months	Acad. Months	Sum. Months	Requested Salary(\$)	Fringe Benefits(\$)	Federal (\$)	Non Federal (\$)	Funds Requested (\$)	
No other personnel have been added for this budget period										
Total Other Personnel:								N/A	N/A	\$0.00
Total Salary, Wages and Fringe Benefits (A+B):										\$0.00

SECTION C thru E Budget Period 4			
Organizational DUNS	[REDACTED]		
Budget Type	<input checked="" type="checkbox"/> Project <input type="checkbox"/> Subaward/Consortium		
Name of the Organization	NEW YORK CITY HEALTH & HOSPITALS CORPORATION		
Budget Period: 4 (Start Date: End Date:)			
C. Equipment Description			
Equipment Item	Federal (\$)	Non Federal (\$)	Funds Requested (\$)
No equipment has been added for this budget period			
Total Equipment:	N/A	N/A	\$0.00
D. Travel			
	Federal (\$)	Non Federal(\$)	Funds Requested (\$)
1. Domestic Travel Costs (Incl. Canada, Mexico and U.S.Possessions)	N/A	N/A	\$0.00
2. Foreign Travel Costs	N/A	N/A	\$0.00
Total Travel Cost:	N/A	N/A	\$0.00
E. Participant/ Trainee Support Costs			
	Federal (\$)	Non Federal (\$)	Funds Requested (\$)
1. Tuition/Fees/Health Insurance	N/A	N/A	\$0.00
2. Stipends	N/A	N/A	\$0.00
3. Travel	N/A	N/A	\$0.00
4. Subsistence	N/A	N/A	\$0.00
5. Other, Specify:	N/A	N/A	\$0.00
0 Number of Participants/Trainees	Total Travel Cost:	N/A	N/A
		N/A	\$0.00

SECTION F thru J Budget Period 4					
Organizational DUNS		[REDACTED]			
Budget Type		<input checked="" type="checkbox"/> Project <input type="checkbox"/> Subaward/Consortium			
Name of the Organization		NEW YORK CITY HEALTH & HOSPITALS CORPORATION			
Budget Period: 4 (Start Date: End Date:)					
F. Other Direct Costs		Federal (\$)	Non Federal (\$)	Funds Requested (\$)	
1. Materials and Supplies		N/A	N/A	\$0.00	
2. Publication Costs		N/A	N/A	\$0.00	
3. Consultatnt Services		N/A	N/A	\$0.00	
4. ADP/Computer Services		N/A	N/A	\$0.00	
5. Subawards/ Consortium/ Contractual Costs		N/A	N/A	\$0.00	
6. Equipment or Facility Rental/User Fees		N/A	N/A	\$0.00	
7. Alterations and Renovations		N/A	N/A	\$0.00	
8. Other, Specify:		N/A	N/A	\$0.00	
9. Other, Specify:		N/A	N/A	\$0.00	
10. Other, Specify:		N/A	N/A	\$0.00	
Total Other Direct Costs:		N/A	N/A	\$0.00	
G. Direct Costs		Federal (\$)	Non Federal (\$)	Funds Requested (\$)	
Total Direct Costs (A thru F):		N/A	N/A	\$0.00	
H. Indirect Costs					
Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Federal (\$)	Non Federal (\$)	Funds Requested (\$)
No indirect costs have been added for this budget period					
Total Indirect Costs:			N/A	N/A	\$0.00
Cognizant Federal Agency:					
I. Total Direct and Indirect Costs		Federal (\$)	Non Federal (\$)	Funds Requested (\$)	
Total Direct and Indirect Institutional Costs (G + H)		\$0.00	\$0.00	\$0.00	
J. Fee		Federal (\$)	Non Federal (\$)	Funds Requested (\$)	
Fee:		N/A	N/A	\$0.00	

SECTION A-B Budget Period 5										
Organizational DUNS		[REDACTED]								
Budget Type		<input checked="" type="checkbox"/> Project <input type="checkbox"/> Subaward/Consortium								
Name of the Organization		NEW YORK CITY HEALTH & HOSPITALS CORPORATION								
Budget Period: 5 (Start Date: End Date:)										
A. Senior/Key Person										
Name	Project Role	Base Salary (\$)	Cal. Months	Acad. Months	Sum. Months	Requested Salary (\$)	Fringe Benefits (\$)	Federal (\$)	Non Federal (\$)	Funds Requested (\$)
No senior/key people have been added for this budget period										
Total Senior/Key Person:								N/A	N/A	\$0.00
B. Other Personnel										
Number of Personnel	Project Role	Cal. Months	Acad. Months	Sum. Months	Requested Salary(\$)	Fringe Benefits(\$)	Federal (\$)	Non Federal (\$)	Funds Requested (\$)	
No other personnel have been added for this budget period										
Total Other Personnel:								N/A	N/A	\$0.00
Total Salary, Wages and Fringe Benefits (A+B):										\$0.00

SECTION C thru E Budget Period 5			
Organizational DUNS	[REDACTED]		
Budget Type	<input checked="" type="checkbox"/> Project <input type="checkbox"/> Subaward/Consortium		
Name of the Organization	NEW YORK CITY HEALTH & HOSPITALS CORPORATION		
Budget Period: 5 (Start Date: End Date:)			
C. Equipment Description			
Equipment Item	Federal (\$)	Non Federal (\$)	Funds Requested (\$)
No equipment has been added for this budget period			
Total Equipment:	N/A	N/A	\$0.00
D. Travel			
	Federal (\$)	Non Federal(\$)	Funds Requested (\$)
1. Domestic Travel Costs (Incl. Canada, Mexico and U.S.Possessions)	N/A	N/A	\$0.00
2. Foreign Travel Costs	N/A	N/A	\$0.00
Total Travel Cost:	N/A	N/A	\$0.00
E. Participant/Trainee Support Costs			
	Federal (\$)	Non Federal (\$)	Funds Requested (\$)
1. Tuition/Fees/Health Insurance	N/A	N/A	\$0.00
2. Stipends	N/A	N/A	\$0.00
3. Travel	N/A	N/A	\$0.00
4. Subsistence	N/A	N/A	\$0.00
5. Other, Specify:	N/A	N/A	\$0.00
0 Number of Participants/Trainees	Total Travel Cost:	N/A	N/A
		N/A	\$0.00

SECTION F thru J Budget Period 5					
Organizational DUNS	██████████				
Budget Type	<input checked="" type="checkbox"/> Project <input type="checkbox"/> Subaward/Consortium				
Name of the Organization	NEW YORK CITY HEALTH & HOSPITALS CORPORATION				
Budget Period: 5 (Start Date: End Date:)					
F. Other Direct Costs	Federal (\$)	Non Federal (\$)	Funds Requested (\$)		
1. Materials and Supplies	N/A	N/A	\$0.00		
2. Publication Costs	N/A	N/A	\$0.00		
3. Consultatnt Services	N/A	N/A	\$0.00		
4. ADP/Computer Services	N/A	N/A	\$0.00		
5. Subawards/ Consortium/Contractual Costs	N/A	N/A	\$0.00		
6. Equipment or Facility Rental/User Fees	N/A	N/A	\$0.00		
7. Alterations and Renovations	N/A	N/A	\$0.00		
8. Other, Specify:-	N/A	N/A	\$0.00		
9. Other, Specify:	N/A	N/A	\$0.00		
10. Other, Specify:	N/A	N/A	\$0.00		
Total Other Direct Costs:	N/A	N/A	\$0.00		
G. Direct Costs	Federal (\$)	Non Federal (\$)	Funds Requested (\$)		
Total Direct Costs (A thru F):	N/A	N/A	\$0.00		
H. Indirect Costs					
Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Federal (\$)	Non Federal (\$)	Funds Requested (\$)
No indirect costs have been added for this budget period					
Total Indirect Costs:			N/A	N/A	\$0.00
Cognizant Federal Agency:					
I. Total Direct and Indirect Costs	Federal (\$)	Non Federal (\$)	Funds Requested (\$)		
Total Direct and Indirect Institutional Costs (G + H)	\$0.00	\$0.00	\$0.00		
J. Fee	Federal (\$)	Non Federal (\$)	Funds Requested (\$)		
Fee:	N/A	N/A	\$0.00		

CUMULATIVE BUDGET				
	Subtotal (\$)	Total Federal (\$)	Total Non-Federal (\$)	Totals (\$)
Section A, Senior/Key Person		N/A	N/A	\$0.00
Section B, Other Personnel		N/A	N/A	\$0.00
Total Number Other Personnel				
Total Salary, Wages and Fringe Benefits (A+B)		N/A	N/A	\$0.00
Section C, Equipment		N/A	N/A	\$0.00
Section D, Travel		N/A	N/A	\$0.00
1. Domestic	\$0.00			
2. Foreign	\$0.00			
Section E, Participant/Trainee Support Costs		N/A	N/A	\$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		N/A	N/A	\$0.00
1. Material and Supplies	\$0.00			
2. Publication Costs	\$0.00			
3. Consultant Services	\$0.00			
4. ADP/Computer Services	\$0.00			
5. Subawards/Consortium/Contractual Costs	\$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)		N/A	N/A	\$1,415,123.00
Section H, Indirect Costs		N/A	N/A	\$202,653.00
Section I, Total Direct and Indirect Costs (G+H)		\$0.00	\$0.00	\$1,617,776.00
Section J, Fee		N/A	N/A	\$0.00