

BUDGET REQUEST*

Office of International Health Programs (EH-63) Funded Project/U.S. Department of Energy

PROJECT/SUBPROJECT TITLE: "RADIATION RISK ASSESSMENT OF CATARACT DEVELOPMENT IN A DOSE DEFINED COHORT OF WORKERS INVOLVED IN THE CHERNOBYL ACCIDENT"		DATE PREPARED: 03/28/00	
		PERIOD OF SUPPORT: 04/01/00 -09/31/00	
INSTITUTION: Institute of Occupational Health Academy of Medical Sciences of Ukraine			
Complete Address: 75, Saksagansky St., 252033, Kiev, Ukraine		E-mail: p-vitte@ioh.kiev.ua	
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NAME OF PRINCIPAL INVESTIGATOR: Yuri Kundiev		NAME OF CONTACT PERSON: Petro Vitte	
REQUESTED ITEMS			ESTIMATED AMOUNT
A. EQUIPMENT: (ITEMIZE MORE THAN \$5000)			N/A
JUSTIFY EQUIPMENT PURCHASE ON SEPARATE PAGE(S)			SUBTOTAL> N/A
B. SUPPLIES			
Maintenance			350
Software			729
Please identify and justify general supply categories on separate page(s). See appendix 1.			SUBTOTAL> \$ 1,079
C. TRAVEL (LIST NAMES OF TRAVELERS) DESTINATION AND DATES			
Yuri Kundiev	Travels will supported from other Projects	04/01/00 - 09/31/00	N/A
Nicolai Sergienko	Travels will supported from other Projects	04/01/00 - 09/31/00	N/A
Vitte, Parkhomenko, Ruban	Each 2 month visits 7 sites	04/01/00 - 09/31/00	450
14 Examining Ophthalmologists	12 month - re-training seminar. Planned - July, 2000.	04/01/00 - 09/31/00	220
REPORT JUSTIFICATION FOR TRAVEL ON SEPARATE PAGE(S). See appendix 2.			SUBTOTAL> \$ 670
D. PERSONNEL			
(LIST STAFF AND MILESTONES THEY SUPPORT)	Percent Effort		
Yuri Kundiev (1, 2, 3, 4, 5)	7.6 %		2,900
Nicolai Sergienko (1, 4, 5)	6.2%		2,400
Peter Vitte (1, 2, 3, 4, 5)	7,6%		2,900
George Parkhomenko (1, 3, 4, 5)	8.8%		3,350
Andre Ruban (1, 3, 4, 5)	8.8%		3,350
Case-control study***	30,4%	(\$15 × 770)	11,550
1 programmer	0,7%		270
17 Examining Ophthalmologists (1, 3, 4)**	23.7%	(\$3.0 × 3000)	9,000
LIST DUTIES OF EACH STAFF MEMBER ON SEPARATE PAGE(S) See appendix 3.			SUBTOTAL> \$35,720

E. OTHER (i.e. PUBLICATION AND INFORMATION TECHNOLOGY COSTS)			
Post/Communications			210
Technology Costs			140
ITEMIZATION AND EXPLANATION OF EACH See appendix 4.		SUBTOTAL>	\$ 350
F. INDIRECT (i.e. INSTITUTIONAL AND SUBCONTRACT COSTS)			
Overhead IOH (institutional costs)			225
Please itemize these costs with explanation for each cost		SUBTOTAL>	\$225
		ESTIMATED TOTAL>	\$ 38,044
<i>ALL AMOUNTS MUST BE REPORTED IN U.S. DOLLARS</i>			
IF THIS FORM IS NOT USED WITH AN ANNUAL WORK PROPOSAL, IT MUST INCLUDE A SUMMARY OF WORK TO BE DONE DURING THE TIME PERIOD THAT THE FUNDS ARE REQUESTED FOR, AND MILESTONES/DELIVERABLES TO BE ACHIEVED.			
* FORMAT FOR ALL BUDGET REQUEST (INVOICE) SUBMISSIONS.			
** STATE "N/A" IN CATEGORIES THAT DO NOT APPLY			
*** SEE THE JUSTIFICATION ON THE SEPARATE PAGE			