

RESEARCH & RELATED BUDGET - Budget Period 1

OMB Number: 4040-0001
Expiration Date: 12/31/2022

UEI:

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 type="checkbox"/>	<input style="background-color: yellow;" type="text"/>		<input style="background-color: yellow;" type="text"/>						<input style="background-color: yellow;" type="text"/>	<input style="background-color: yellow;" type="text"/>	<input style="background-color: yellow;" type="text"/>

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 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 type="checkbox"/> <input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input type="button" value="Add Additional Equipment"/>	
Additional Equipment: <input style="width: 200px;" 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	
<input style="width: 100%;" type="text"/>	
Total Equipment	
<input style="width: 100%;" type="text"/>	

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 <input style="width: 400px;" type="text"/>
Total Participant/Trainee Support Costs

Number of Participants/Trainees

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.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	

Total Other Direct Costs

Funds Requested (\$)

G. Direct Costs

Total Direct Costs (A thru F)

H. Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)
<input type="checkbox"/> <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="Add Additional Indirect Cost"/>			
Total Indirect Costs			<input type="text"/>

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.)

RESEARCH & RELATED BUDGET - Cumulative Budget

Totals (\$)

Section A, Senior/Key Person		
Section B, Other Personnel		
Total Number Other Personnel		
Total Salary, Wages and Fringe Benefits (A+B)		
Section C, Equipment		
Section D, Travel		
1. Domestic		
2. Foreign		
Section E, Participant/Trainee Support Costs		
1. Tuition/Fees/Health Insurance		
2. Stipends		
3. Travel		
4. Subsistence		
5. Other		
6. Number of Participants/Trainees		
Section F, Other Direct Costs		
1. Materials and Supplies		
2. Publication Costs		
3. Consultant Services		
4. ADP/Computer Services		
5. Subawards/Consortium/Contractual Costs		
6. Equipment or Facility Rental/User Fees		
7. Alterations and Renovations		
8. Other 1		
9. Other 2		
10. Other 3		
11. Other 4		
12. Other 5		
13. Other 6		
14. Other 7		
15. Other 8		
16. Other 9		
17. Other 10		

Section G, Direct Costs (A thru F)

Section H, Indirect Costs

Section I, Total Direct and Indirect Costs (G + H)

Section J, Fee

Section K, Total Costs and Fee (I + J)
