

INSTRUCTIONS FOR COMPLETING RESEARCH & RELATED BUDGET UP TO 10 YEARS- PERIOD 1

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ORGANIZATIONAL DUNS

This is the DUNS or DUNS+4 number of the applicant organization. For the project applicant, this field is prepopulated from the R&R SF424 Cover Page. For subaward applicants, this field is a required enterable field.

Budget Type

Project, Subaward/Consortium: Check the appropriate block.

Project: The budget requested for the primary applicant organization.

Subaward/Consortium: The budget requested for subawardee/consortium organization(s). Note, separate budgets are required only for subawardee/consortium organizations that perform a substantive portion of the project.

If creating Subaward Budget, use the R&R Subaward Budget Attachment and attach as a separate file on the R&R Budget Attachment(s) form.

Enter name of Organization

Pre-populated from the R&R SF424. Enter name of the organization.

Reset Entries

Reset Entries

Start Date

Pre-populated from the R&R SF424. Enter the requested/proposed start date of each budget period. This field is required.

End Date

Enter the requested/proposed end date of each budget period. This field is required.

Budget Period

Identifies the specific budget period; e.g., 1, 2, 3, 4, 5. If submitting through Grants.gov, the system will automatically generate a cumulative budget for the total project period. This is a required field.

(If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the form.)

A. Senior/Key Person

Prefix

Pre-populated from the R&R SF424. Enter the prefix (e.g., Mr., Mrs., Rev.) for the name of each Senior/Key Person.

First Name

Pre-populated from the R&R SF424. Enter the first name of the Senior/Key Person. This field is required.

Middle Name

Pre-populated from the R&R SF424. Enter the middle name of the Senior/Key Person.

Last Name

Pre-populated from the R&R SF424. Enter the last (family) name of the Senior/Key Person. This field is required.

Suffix

Pre-populated from the R&R SF424. Enter the suffix (e.g., Jr, Sr, PhD) for the name of the Senior/Key Person.

Project Role (Senior/Key Person)

Identify the project role of each key/senior person in this section. This section could also include such roles as Co-PI/PD, Postdoctoral Associates, and Other Professionals.

Base Salary (Senior/Key Person)

Enter the annual compensation paid by the employer for each senior/key personnel. This includes all activities such as research, teaching, patient care, or other. You may choose to leave this column blank.

Calendar Months (Senior/Key Person)

Identify the number of months devoted to the project in the applicable box for each senior/key person; i.e., calendar, academic, summer.

Academic Months (Senior/Key Person)

Identify the number of months devoted to the project in the applicable box for each senior/key person; i.e., calendar, academic, summer.

Summer Months (Senior/Key Person)

Identify the number of months devoted to the project in the applicable box for each senior/key person; i.e., calendar, academic, summer.

Requested Salary (Senior/Key Person)

Regardless of the number of months being devoted to the project, indicate only the amount of salary being requested for this budget period for each senior/key person. This field is required.

Fringe Benefits (Senior/Key Person)

Enter applicable fringe benefits, if any, for each senior/key person.

Funds Requested (Senior/Key Person)

The requested salary & fringe benefit for each senior/key person. This field is required.

9. Total Funds requested for all Senior Key Person in the attached file.

Enter the total funds requested for all additional senior/key persons. This is required information.

Total Senior/Key Person

Total Funds requested for all Senior Key Persons.

Additional Senior Key Persons:

If funds are requested for more than 8 Senior/Key Persons, include all pertinent budget information as identified in this section and attach as a file here. Enter the total funds requested for all additional senior/key persons in line 9 of Section A. This attachment is required if funds are entered in line 9 of Section A.

B. Other Personnel

Number of Personnel for each Project Role

For each project role category identify the number of personnel proposed.

Instruction over the actual blank rows:

List any additional project role(s) in the blank(s) provided, e.g., Engineer, IT Professionals, etc.

Calendar Months

Identify the number of months devoted to the project in the applicable box for each project role category; i.e., calendar, academic, summer.

Academic Months

Identify the number of months devoted to the project in the applicable box for each project role category; i.e., calendar, academic, summer.

Summer Months

Identify the number of months devoted to the project in the applicable box for each project role category; i.e., calendar, academic, summer.

Requested Salary

Regardless of the number of months being devoted to the project, indicate only the amount of salary/wages being requested for each project role.

Fringe Benefits

Enter applicable fringe benefits, if any, for this project role category.

Funds Requested

Enter requested salary/wages & fringe benefits for each project role.

Total Number Other Personnel

This total will auto-calculate. Total Salary, Wages and Fringe Benefits (A+B).

Total Other Personnel

Total Funds requested for all Other Personnel.

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

Total Funds requested for all Senior Key Persons and all Other Personnel. This total will auto-calculate.

C. Equipment Description

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

Equipment Item

Equipment is defined as an item of property that has an acquisition cost of \$5,000 or more (unless the organization has established lower levels) and an expected service life of more than one year. List each item of equipment separately and justify each in the budget justification section. Allowable items ordinarily will be limited to research equipment and apparatus not already available for the conduct of the work. General-purpose equipment, such as a personal computer, is not eligible for support unless primarily or exclusively used in the actual conduct of scientific research.

Funds Requested

List the estimated cost of each item of equipment including shipping and any maintenance costs and agreements. This is required information.

Total funds requested for all equipment listed in the attached file

Total funds requested for all equipment listed in the attached file. Dollar amount for item should exceed \$5000.

Total Equipment

Total Funds requested for all equipment.

Additional Equipment

If this section cannot accommodate all the equipment proposed, attach a file in the block provided. List each additional item and the funds requested. For all additional items in the attached file, list the total funds requested on line 11 of this section.

D. Travel

Funds Requested

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

Identify the total funds requested for domestic travel. Domestic travel includes Canada, Mexico and US Possessions. In the budget justification section, include purpose, destination, dates of travel (if known) and number of individuals for each trip. If the dates of travel are not known, specify estimated length of trip (e.g., 3 days).

2. Foreign Travel Costs

Identify the total funds requested for foreign travel. Foreign travel includes any travel outside of North America and/or US Possessions. In the budget justification section, include purpose, destination, dates of travel (if known) and number of individuals for each trip. If the dates of travel are not known, specify estimated length of trip (e.g., 3 days).

Total Travel Cost

Total Funds requested for all travel.

E. Participant/Trainee Support Costs

Funds Requested

1. Tuition/Fees/Health Insurance

List total funds requested for Participant/Trainee Tuition/Fees/Health Insurance.

2. Stipends

List total funds requested for Participant/Trainee Stipends.

3. Travel

List total funds requested for Participant/Trainee Travel.

4. Subsistence

List total funds requested for Participant/Trainee Subsistence.

5. Other

Describe any other participant trainee funds requested. List total funds requested for any other Participant/Trainee costs described.

Number of Participants/Trainees

List total number of proposed participant/trainees.

Total Participant/Trainee Support Costs

Total Funds requested for all trainee costs.

F. Other Direct Costs

Funds Requested

1. Materials and Supplies

List total funds requested for materials & supplies. In the budget justification, indicate general categories such as glassware, chemicals, animal costs, including an amount for each category. Categories less than \$1,000 are not required to be itemized.

2. Publication Costs

List the total publication funds requested. The proposal budget may request funds for the costs of documenting, preparing, publishing or otherwise making available to others the findings and products of the work conducted under the award. In the budget justification include supporting information.

3. Consultant Services

List the total costs for all consultant services. In the budget justification, identify each consultant, the services he/she will perform, total number of days, travel costs, and total estimated costs.

4. ADP/Computer Services

List total funds requested for ADP/Computer Services. The cost of computer services, including computer-based retrieval of scientific, technical and education information may be requested. In the budget justification, include the established computer service rates at the proposing organization if applicable.

5. Subawards/Consortium/Contractual Costs

List total funds requested for 1) all subaward/consortium organization(s) proposed for the project and 2) any other contractual costs proposed for the project.

6. Equipment or Facility Rental/User Fees

List total funds requested for Equipment or Facility Rental/Use Fees. In the budget justification, identify each rental user fee and justify.

7. Alterations and Renovations

List total funds requested for Alterations & Renovations. In the budget justification, itemize, by category and justify the costs of alterations and renovations including repairs, painting, removal or installation of partitions, shielding, or air conditioning. Where applicable, provide the square footage and costs.

8 – 10. Additional Space for Other Direct Costs

Add text to describe any "other" Direct Costs not requested above. Use the budget justification to further itemize and justify.

List total funds requested for items 8-10 "Other."

Total Other Direct Costs

Total Funds requested for all other direct costs.

G. Direct Costs

Funds Requested

Total Direct Costs (A thru F)

Total Funds requested for all direct costs.

H. Indirect Costs

Indirect Cost Type

Indicate the type of base; e.g., Salary & Wages, Modified Total Direct Costs, Other (explain). Also indicate if Off-site. If more than one rate/base is involved, use separate lines for each. If you do not have a current indirect rate(s) approved by a Federal agency, indicate "None--will negotiate" and include information for a proposed rate. Use the budget justification if additional space is needed.

Indirect Cost Rate (%)

Indicate the most recent Indirect Cost rate(s) (also known as Facilities & Administrative Costs [F&A]) established with the cognizant Federal office, or in the case of for-profit organizations, the rate(s) established with the appropriate agency. If you have a cognizant/oversight agency and are selected for an award, you must submit your indirect rate proposal to that office for approval. If you do not have a cognizant/oversight agency, contact the awarding agency.

Indirect Cost Base

Enter the amount of the base for each indirect cost type.

Funds Requested

Enter funds requested for each indirect cost type.

Total Indirect Costs

Total Funds requested for indirect costs.

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

Enter the name of the cognizant Federal Agency, name & phone number of the individual responsible for negotiating your rate. If no cognizant agency is known, enter "None".

I. Total Direct and Indirect Costs

Funds Requested

Total Direct and Indirect Institutional Costs (G + H)

Total Funds requested for direct and indirect costs.

J. Fee

Generally, a fee is not allowed on a grant or cooperative agreement. Do not include a fee in your budget, unless the program announcement specifically allows the inclusion of a "fee" (e.g., SBIR/STTR). If a fee is allowable, enter the requested fee.

K. Budget Justification (Only attach one file.)

Use the budget justification to provide the additional information requested in each budget category identified above and any other information the applicant wishes to submit to support the budget request. The following budget categories must be justified, where applicable: equipment, travel, participant/trainee support and other direct cost categories. Only one file may be attached.

RESEARCH & RELATED BUDGET - Cumulative Budget Totals

Section A, Senior/Key Person

Cumulative Total Funds requested for all Senior Key Persons.

Section B, Other Personnel

Cumulative Total Funds requested for all Other Personnel.

Total Number Other Personnel

The cumulative total number of other Personnel.

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

Cumulative Total Funds requested for all Senior Key Persons and all Other Personnel.

Section C, Equipment

Cumulative Total Funds requested for all equipment.

Section D, Travel

Cumulative Total Funds requested for all travel.

1. Domestic

The cumulative total funds requested for domestic travel.

2. Foreign

The cumulative total funds requested for foreign travel.

Section E, Participant/Trainee Support Costs

The cumulative total funds requested for all trainee costs.

1. Tuition/Fees/Health Insurance

The cumulative total funds requested for Participant/Trainee Tuition/Fees/Health Insurance.

2. Stipends

The cumulative total funds requested for Participant/Trainee Stipends.

3. Travel

The cumulative total funds requested for Participant/Trainee Travel.

4. Subsistence

The cumulative total funds requested for Participant/Trainee Subsistence.

5. Other

The cumulative total funds requested for any other Participant/Trainee costs described.

6. Number of Participants/Trainees

The cumulative total number of proposed participant/trainees

Section F, Other Direct Costs

The cumulative total funds requested for all other direct costs.

1. Materials and Supplies

The cumulative total funds requested for materials & supplies.

2. Publication Costs

The cumulative total publication funds requested.

3. Consultant Services

The cumulative total costs for all consultant services.

4. ADP/Computer Services

The cumulative total funds requested for ADP/Computer Services.

5. Subaward/Consortium/Contractual Costs

The cumulative total funds requested for 1) all subaward/consortium organization(s) proposed for the project and 2) any other contractual costs proposed for the project.

6. Equipment or Facility Rental/Use Fees

The cumulative total funds requested for Equipment or Facility Rental/Use Fees.

7. Alterations and Renovations

The cumulative total funds requested for Alterations & Renovations.

8. Other 1

The cumulative total funds requested in line 8 or the first Other Direct Cost Category.

9. Other 2

The cumulative total funds requested in line 9 or the second Other Direct Cost Category.

10. Other 3

The cumulative total funds requested in line 10 or the third Other Direct Cost Category.

Section G, Direct Costs (A thru F)

The cumulative total funds requested for all direct costs.

Section H, Indirect Costs

Cumulative Total Funds requested for indirect costs.

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

The cumulative total funds requested for direct and indirect costs.

Section J, Fee

The cumulative total funds requested for fees.