

## **INSTRUCTIONS FOR COMPLETING RESEARCH & RELATED BUDGET UP TO 5 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.