

RESEARCH & RELATED BUDGET (TOTAL FED + NON-FED) - SECTION A & B, BUDGET PERIOD 1

\* ORGANIZATIONAL DUNS:

\* Budget Type:  Project  Subaward/Consortium

Enter name of Organization:

\* Start Date:  \* End Date:  \* Budget Period:

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

Currently goes up to 5 periods.  
New form to go to 10 periods.

A. Senior/Key Person

	Prefix	* First Name	Middle Name	* Last Name	Suffix	* Project Role	Base Salary (\$)	Cal. Months	Acad. Months	Sum. Months	* Req. Salary (\$)	* Fringe Ben. (\$)	* Total (Sal & FB) (Fed + Non-Fed)(\$)	* Federal (\$)	* Non-Federal (\$)
1.						PD/PI									
2.															
3.															
4.															
5.															
6.															
7.															
8.															
9. Total Funds requested for all Senior Key Persons in the attached file															
													Total Senior/Key Person		

\* Additional Senior Key Persons:

B. Other Personnel

* Number of Personnel	* Project Role	Cal. Months	Acad. Months	Sum. Months	* Req. Salary (\$)	* Fringe Ben. (\$)	* Total (Sal & FB) (Fed + Non-Fed)(\$)	* Federal (\$)	* Non-Federal (\$)
<input type="checkbox"/>	Post Doctoral Associates								
<input type="checkbox"/>	Graduate Students								
<input type="checkbox"/>	Undergraduate Students								
<input type="checkbox"/>	Secretarial/Clerical								
<input type="checkbox"/>									
<input type="checkbox"/>									
<input type="checkbox"/>									
<input type="checkbox"/>									
<input type="checkbox"/>									
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<input type="checkbox"/>									
<input type="checkbox"/>									
Total Number Other Personnel							Total Other Personnel		
Total Salary, Wages and Fringe Benefits (A + B)									

**RESEARCH & RELATED BUDGET (TOTAL FED + NON-FED) - SECTION C, D, & E, BUDGET PERIOD 1**

\* ORGANIZATIONAL DUNS:

\* Budget Type:  Project  Subaward/Consortium

Enter name of Organization:

Reset Entries \* Start Date:  \* End Date:  \* Budget Period:

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

**C. Equipment Description**

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

	* Equipment item	* Federal (\$)	* Non-Federal (\$)	* Total (Fed + Non-Fed) (\$)
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11. Total funds requested for all equipment listed in the attached file				
Total Equipment				

\* Additional Equipment:

**D. Travel**

	* Federal (\$)	* Non-Federal (\$)	* Total (Fed + Non-Fed) (\$)
1. Domestic Travel Costs ( Incl. Canada, Mexico and U.S. Possessions)			
2. Foreign Travel Costs			
Total Travel Costs			

**E. Participant/Trainee Support Costs**

	* Federal (\$)	* Non-Federal (\$)	* Total (Fed + Non-Fed) (\$)
1. Tuition/Fees/Health Insurance			
2. Stipends			
3. Travel			
4. Subsistence			
5. Other			
Number of Participants/Trainees		Total Participant/Trainee Support Costs	

# RESEARCH & RELATED BUDGET (TOTAL FED + NON-FED) - SECTION F-K, BUDGET PERIOD 1

Next Period

\* ORGANIZATIONAL DUNS:

\* Budget Type:  Project  Subaward/Consortium

Enter name of Organization:

\* Start Date:  \* End Date:  \* Budget Period:

**Reset Entries**

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

### F. Other Direct Costs

	* Federal (\$)	* Non-Federal (\$)	* Total (Fed + Non-Fed) (\$)
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.			
<b>Total Other Direct Costs</b>			

### G. Direct Costs

Total Direct Costs (A thru F) \* Federal (\$) \* Non-Federal (\$) \* Total (Fed + Non-Fed) (\$)

### H. Indirect Costs

* Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Federal (\$)	* Non-Federal (\$)	* Total (Fed + Non-Fed) (\$)
1.					
2.					
3.					
4.					
<b>Total Indirect Costs</b>					

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

### I. Total Direct and Indirect Costs

Total Direct and Indirect Costs (G + H) \* Federal (\$) \* Non-Federal (\$) \* Total (Fed + Non-Fed) (\$)

J. Fee  Federal (\$)

K. \* Budget Justification

**Add Attachment**

Photo Attachment

View Attachment

(Only attach one file.)

**RESEARCH & RELATED BUDGET (TOTAL FED + NON-FED) - Cumulative Budget**

	Total Federal (\$)	Total Non-Federal (\$)	Totals (\$)
<b>Section A, Senior/Key Person</b>			
<b>Section B, Other Personnel</b>			
Total Number Other Personnel			
<b>Total Salary, Wages and Fringe Benefits (A + B)</b>			
<b>Section C, Equipment</b>			
<b>Section D, Travel</b>			
1. Domestic			
2. Foreign			
<b>Section E, Participant/Trainee Support Costs</b>			
1. Tuition/Fees/Health Insurance			
2. Stipends			
3. Travel			
4. Subsistence			
5. Other			
6. Number of Participants/Trainees			
<b>Section F, Other Direct Costs</b>			
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			
<b>Section G, Direct Costs (A thru F)</b>			
<b>Section H, Indirect Costs</b>			
<b>Section I, Total Direct and Indirect Costs (G + H)</b>			
<b>Section J, Fee</b>			

OMB Number: 4040-0001  
 Expiration Date: 04/30/2008

RESEARCH & RELATED Budget (Total Fed + Non-Fed)