

Check Form for Errors

Save

RESEARCH & RELATED BUDGET (TOTAL FED + NON-FED) - BUDGET PERIOD 1

OMB Number: 4040-0001
Expiration Date: 06/30/2011

* ORGANIZATIONAL DUNS: [] Enter name of Organization: []

* Budget Type: Project Subaward/Consortium Budget Period: 1 * Start Date: [] * End Date: []

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 (\$)
[]	[]	[]	[]	[]	[]	[]	[]	[]

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	Cal. Months	Acad. Months	Sum. Months	* Req. Salary (\$)	* Fringe Ben. (\$)	* Total (Sal & FB) (Fed + Non-Fed) (\$)	* Federal (\$)	* Non- Federal (\$)
[]	Post Doctoral Associates	[]	[]	[]	[]	[]	[]	[]	[]
[]	Graduate Students	[]	[]	[]	[]	[]	[]	[]	[]
[]	Undergraduate Students	[]	[]	[]	[]	[]	[]	[]	[]
[]	Secretarial/Clerical	[]	[]	[]	[]	[]	[]	[]	[]
[]	[]	[]	[]	[]	[]	[]	[]	[]	[]

[] 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	* Federal (\$)	* Non-Federal (\$)	* Total (Fed + Non-Fed) (\$)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Additional Equipment:

Add Attachment

Delete Attachment

View Attachment

Total funds requested for all equipment listed in the attached file

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Total Equipment

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

D. Travel

	* Federal (\$)	* Non-Federal (\$)	* Total (Fed + Non-Fed) (\$)
1. Domestic Travel Costs (Incl. Canada, Mexico, and U.S. Possessions)	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Foreign Travel Costs	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Travel Costs	<input type="text"/>	<input type="text"/>	<input type="text"/>

E. Participant/Trainee Support Costs

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

F. Other Direct Costs

	* Federal (\$)	* Non-Federal (\$)	* Total (Fed + Non-Fed) (\$)
1. Materials and Supplies	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. Publication Costs	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. Consultant Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. ADP/Computer Services	<input type="text"/>	<input type="text"/>	<input type="text"/>
5. Subawards/Consortium/Contractual Costs	<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Equipment or Facility Rental/User Fees	<input type="text"/>	<input type="text"/>	<input type="text"/>
7. Alterations and Renovations	<input type="text"/>	<input type="text"/>	<input type="text"/>
8. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
10. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Other Direct Costs		<input type="text"/>	<input type="text"/>

G. Direct Costs

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

H. Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Federal (\$)	* Non-Federal (\$)	* Total (Fed + Non-Fed) (\$)
Total Indirect Costs					

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

I. Total Direct and Indirect Costs

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

J. Fee

Federal (\$)

K. * Budget Justification

(Only attach one file.)

Add Attachment

Delete Attachment

View Attachment

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

	Total Federal (\$)	Total Non-Federal (\$)	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			
Section G, Direct Costs (A thru F)			
Section H, Indirect Costs			
Section I, Total Direct and Indirect Costs (G + H)			
Section J, Fee			