

The National Institutes of Health (NIH)
Survey of the Expenditure-Components
of NIH Awards

Please Verify the Following Information

Contact recipient for this survey:

First Name_ (*)_____ Last Name _ (*)_____

Position: _____ (*)_____

Office/Department: ____ (*)_____

Phone: ____ (*)_____ Email: _____ (*)_____ Fax: ____ (*)_____

Individual completing the Survey (if different from above):

First Name_ (#)_____ Last Name _ (#)_____

Position: _____ (#)_____

Office/Department: ____ (#)_____

Phone: ____ (#)_____ Email: _____ (#)_____



-----Do not publish below informational only-----

This page will appear before the user sees the survey. User must press the verified button to access the survey.

(*) Auto Fill Field from Contact Info from provided by GOV. Allow for editing.

(#) Leave Blank at the start of each year, Allow for editing

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Please complete the survey below.

Fiscal Year 2012 Academic (July 1, 2012 - June 30, 2013)

Cutoff Date: 1/7/2014 12:00 AM

Last Submission: 12/3/2013 5:37 PM

* Note: Please omit the use of commas in your dollar values. Also, you may leave aggregate items blank as the survey system will compute them for you.

* You may click on certain line stubs for additional information.

Session will time out in: 19:11

Note: The survey will automatically time out at ? minutes as shown by the countdown clock above. Press the "submit button" to ensure your work is saved prior to the clock reaching zero.

Survey of the Expenditure-Components of NIH Award

EXPENDITURE CATEGORIES <i>Include all NIH prime awards and all sub-awards to an NIH award received from another institution</i>		EXPENDITURES IN DOLLARS REIMBURSED BY THE NIH	Percent Changed	(Not Required) 2011's Value
1.	Total Expenditures	Sumation (lines 2 and 3)	100	229
2.	Total Facilities and Administration Costs	(Raw Input)	100	100
3.	Total Direct Costs	Sumation (lines 4, 5.1, 6, 7, 8)	100	129
The following expenditure categories are components of total direct costs. Provide the information on major expenditure categories even if you cannot provide the information on the sub-categories. <u>Do not include</u> in the individual categories any expenditure you charged to facilities and administration costs.				
4.	Total Compensation and Benefits	Sumation (4.1, 4.2)	100	0
4.1	Salaries and wages	(Raw Input)	100	0
4.2	Fringe benefits	(Raw Input)	100	0
5.	Total Expenditures on Contractual Services	Sumation (5.1, 5.2)	100	111

5.1	Consultant Costs	(Raw Input)	100	1
5.2	Consortium/contractual costs	(Raw Input)	600	1
6.	Travel Costs	(Raw Input)	100	1
7.	Total Expenditures on Supplies, Equipment, etc.	Sumation (7.1, 7.2, 7.3)	100	16
7.1	Supplies	(Raw Input)	100	1
7.2	Total Equipment	Sumation (7.2.a, 7.2.b)	100	2
7.2.a	Equipment other than computer hardware	(Raw Input)	100	1
7.2.b	Computer hardware	(Raw Input)	100	1
7.3	Other Expenses	Sumation (7.3.a, 7.3.b, 7.3.c)	100	13
7.3.a	Patient care	(Raw Input)	100	1
7.3.b	Maintenance, Repairs, Alterations, Renovations, and Installations	(Raw Input)	100	1
7.3.c	Miscellaneous expenses	(Raw Input)	100	11
8.	Fee/profit (if any: applies to contracts only)	(Raw Input)	100	1

Time required to complete this survey: hours.

I prefer to update my BEA user group information via:

Email
 Mail
 Telephone
 In-person
 No preference

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