

RESEARCH & RELATED BUDGET - Budget Period 1

OMB Approval No.:4040-0001
Expiration Date: mm/dd/yyyy

* ORGANIZATIONAL DUNS: Enter name of Organization:

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

A. Senior/Key Person

Prefix	* First	Middle	* Last	Suffix	Base Salary (\$)	Months			* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)
						Cal.	Acad.	Sum.			

* Project Role:

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	Months			* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)
		Cal.	Acad.	Sum.			
	Post Doctoral Associates						
	Graduate Students						
	Undergraduate Students						
	Secretarial/Clerical						

Total Number Other Personnel Total Other Personnel

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 4040-0001. The time required to complete this information collection is estimated to average 1 hour per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/OCIO/PRA, 200 Independence Ave., S.W., Suite 336-E, Washington D.C. 20201, Attention: PRA Reports Clearance Officer

C. Equipment Description

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

Equipment item

* Funds Requested (\$)

Additional Equipment:

Add Attachment

Delete Attachment

View Attachment

Total funds requested for all equipment listed in the attached file

Total Equipment

D. Travel

Funds Requested (\$)

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

2. Foreign Travel Costs

Total Travel Cost

E. Participant/Trainee Support Costs

Funds Requested (\$)

1. Tuition/Fees/Health Insurance

2. Stipends

3. Travel

4. Subsistence

5. Other

Number of Participants/Trainees

Total Participant/Trainee Support Costs

F. Other Direct Costs**Funds Requested (\$)**

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.	
Total Other Direct Costs	

G. Direct Costs**Funds Requested (\$)****Total Direct Costs (A thru F)****H. Indirect Costs****Indirect Cost Type****Indirect Cost Rate (%)****Indirect Cost Base (\$)***** Funds Requested (\$)****Total Indirect Costs****Cognizant Federal Agency**
(Agency Name, POC Name, and
POC Phone Number)**I. Total Direct and Indirect Costs****Funds Requested (\$)****Total Direct and Indirect Institutional Costs (G + H)****J. Fee****Funds Requested (\$)****K. * Budget Justification**

(Only attach one file.)

[Add Attachment](#)[Delete Attachment](#)[View Attachment](#)

RESEARCH & RELATED BUDGET - Cumulative Budget

		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		