

Check Form for Errors

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## RESEARCH & RELATED BUDGET - 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	Middle	* Last	Suffix	Base Salary (\$)	Months			* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)
						Cal.	Acad.	Sum.			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

\* Project Role:

Additional Senior Key Persons:

Add Attachment

Delete Attachment

View Attachment

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.			
<input type="text"/>	Post Doctoral Associates	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Graduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Undergraduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Secretarial/Clerical	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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	* Funds Requested (\$)
<input type="text"/>	<input type="text"/>
Additional Equipment: <input type="text"/>	
<div>Add AttachmentDelete AttachmentView Attachment</div>	
Total funds requested for all equipment listed in the attached file	<input type="text"/>
Total Equipment	<input type="text"/>

D. Travel

	Funds Requested (\$)
1. Domestic Travel Costs ( Incl. Canada, Mexico and U.S. Possessions)	<input type="text"/>
2. Foreign Travel Costs	<input type="text"/>
Total Travel Cost	<input type="text"/>

E. Participant/Trainee Support Costs

	Funds Requested (\$)
1. Tuition/Fees/Health Insurance	<input type="text"/>
2. Stipends	<input type="text"/>
3. Travel	<input type="text"/>
4. Subsistence	<input type="text"/>
5. Other <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

		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 (\$)
<b>Section A, Senior/Key Person</b>	<input type="text"/>
<b>Section B, Other Personnel</b>	<input type="text"/>
Total Number Other Personnel	<input type="text"/>
<b>Total Salary, Wages and Fringe Benefits (A+B)</b>	<input type="text"/>
<b>Section C, Equipment</b>	<input type="text"/>
<b>Section D, Travel</b>	<input type="text"/>
1. Domestic	<input type="text"/>
2. Foreign	<input type="text"/>
<b>Section E, Participant/Trainee Support Costs</b>	<input type="text"/>
1. Tuition/Fees/Health Insurance	<input type="text"/>
2. Stipends	<input type="text"/>
3. Travel	<input type="text"/>
4. Subsistence	<input type="text"/>
5. Other	<input type="text"/>
6. Number of Participants/Trainees	<input type="text"/>
<b>Section F, Other Direct Costs</b>	<input type="text"/>
1. Materials and Supplies	<input type="text"/>
2. Publication Costs	<input type="text"/>
3. Consultant Services	<input type="text"/>
4. ADP/Computer Services	<input type="text"/>
5. Subawards/Consortium/Contractual Costs	<input type="text"/>
6. Equipment or Facility Rental/User Fees	<input type="text"/>
7. Alterations and Renovations	<input type="text"/>
8. Other 1	<input type="text"/>
9. Other 2	<input type="text"/>
10. Other 3	<input type="text"/>
<b>Section G, Direct Costs (A thru F)</b>	<input type="text"/>
<b>Section H, Indirect Costs</b>	<input type="text"/>
<b>Section I, Total Direct and Indirect Costs (G + H)</b>	<input type="text"/>
<b>Section J, Fee</b>	<input type="text"/>