

Federal Agency Form Instructions

Form Identifiers	Information
Agency Owner	Grants.gov
Form Name	R & R Subaward Budget 10 YR Subform
Form Version Number	1.4
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Form Field Instructions

Field Name	Required or Optional	Information
ORGANIZATIONAL DUNS:	Required	This is the DUNS or DUNS+4 number of the applicant organization. For the project applicant, this field is prepopulated from the R&R SF424.
Organization Name	Optional	Enter name of the organization. Pre-populated from the R&R SF424. Enter name of the organization.
Budget Type	Required	Check the appropriate block for Budget Type, Project or Subaward/Consortium. This field is required.
Budget Period Start Date	Required	Enter the requested/proposed start date of each budget period. This field is required. For the project applicant, this field is prepopulated from the R&R SF424 on Budget Period 1.
Budget Period End Date	Required	Enter the requested/proposed end date of each budget period. This field is required.
A. Senior Key Person Name	Required	Section label
Prefix	Optional	Enter the prefix (e.g., Mr., Mrs., Rev.) for the name of each Senior/Key Person. For the project applicant, this field is prepopulated from the R&R SF424 on Budget Period 1.
First Name	Required	Enter the first name of the Senior/Key Person. For the project applicant, this field is prepopulated from the R&R SF424 on Budget Period 1.
Middle Name	Optional	Enter the middle name of the Senior/Key Person. For the project applicant, this field is prepopulated from the R&R SF424 on Budget Period 1.

Field Name	Required or Optional	Information
Last Name	Required	Enter the last (family) name of the Senior/Key Person. For the project applicant, this field is prepopulated from the R&R SF424 on Budget Period 1.
Suffix	Optional	Enter the suffix (e.g., Jr, Sr, PhD) for the name of the Senior/Key Person. For the project applicant, this field is prepopulated from the R&R SF424 on Budget Period 1.
Senior/Key Person Base Salary	Optional	Enter the annual compensation paid by the employer for each senior/key personnel. This includes all activities such as research, teaching, patient care, or other. You may choose to leave this column blank.
Senior/Key Person Calendar Months	Optional	Identify the number of months devoted to the project in the applicable box for each senior/key person; i.e., calendar, academic, summer.
Senior/Key Person Academic Months	Optional	Identify the number of months devoted to the project in the applicable box for each senior/key person; i.e., calendar, academic, summer.
Senior/Key Person Summer Months	Optional	Identify the number of months devoted to the project in the applicable box for each senior/key person; i.e., calendar, academic, summer.
Senior/Key Person Requested Salary	Required	Regardless of the number of months being devoted to the project, indicate only the amount of salary being requested for this budget period for each senior/key person.
Senior/Key Person Fringe Benefits	Required	Enter applicable fringe benefits, if any, for each senior/key person.
Senior/Key Person Funds Requested	Required	The requested salary & fringe benefit for each senior/key person.
Senior/Key Person Project Role	Required	Identify the project role of each key/senior person in this section. This section could also include such roles as Co-PI/PD, Postdoctoral Associates, and Other Professionals.
Additional Senior/Key Person	Optional	If funds are requested for more than 8 Senior/Key Persons, include all pertinent budget information, attach as a file here and enter the total funds requested in the following field.

Field Name	Required or Optional	Information
Total Funds requested for all Senior Key Persons in the attached file	Optional	Enter the total funds requested for all additional senior/key persons. This is required information.
Total Senior/Key Person	Required	This total will auto-calculate. Total funds requested for all Senior Key Persons.
B. Other Personnel	Optional	Section label
Number of Personnel -Post Doctoral Associates	Optional	For each project role category identify the number of personnel proposed.
Post Doctoral Associates Project Role	Optional	Project Role label
Post Doctoral Associates Calendar Months	Optional	Identify the number of months devoted to the project in the applicable box for each project role category; i.e., calendar, academic, summer.
Post Doctoral Associates Academic Months	Optional	Identify the number of months devoted to the project in the applicable box for each project role category; i.e., calendar, academic, summer.
Post Doctoral Associates Summer Months	Optional	Identify the number of months devoted to the project in the applicable box for each project role category; i.e., calendar, academic, summer.
Post Doctoral Associates Requested Salary	Optional	Regardless of the number of months being devoted to the project, indicate only the amount of salary/wages being requested for each project role.
Post Doctoral Associates Fringe Benefits	Optional	Enter applicable fringe benefits, if any, for this project role category.
Post Doctoral Associates Funds Requested	Optional	Enter requested salary/wages & fringe benefits for each project role.
Graduate Students - Number of Personnel	Optional	For each project role category identify the number of personnel proposed.
Graduate Students - Project Role	Optional	Project Role label
Graduate Students - Calendar Months	Optional	Identify the number of months devoted to the project in the applicable box for each project role category; i.e., calendar, academic, summer.
Graduate Students - Academic Months	Optional	Identify the number of months devoted to the project in the applicable box for each project role category; i.e., calendar, academic, summer.
Graduate Students - Summer Months	Optional	Identify the number of months devoted to the project in the applicable box for each project role category; i.e., calendar, academic, summer.

Field Name	Required or Optional	Information
Graduate Students - Requested Salary	Optional	Regardless of the number of months being devoted to the project, indicate only the amount of salary/wages being requested for each project role.
Graduate Students - Fringe Benefits	Optional	Enter applicable fringe benefits, if any, for this project role category.
Graduate Students - Funds Requested	Optional	Enter requested salary/wages & fringe benefits for each project role.
Undergraduate Students - Number of Personnel	Optional	For each project role category identify the number of personnel proposed.
Undergraduate Students - Project Role	Optional	Project Role label
Undergraduate Students - Calendar Months	Optional	Identify the number of months devoted to the project in the applicable box for each project role category; i.e., calendar, academic, summer.
Undergraduate Students - Academic Months	Optional	Identify the number of months devoted to the project in the applicable box for each project role category; i.e., calendar, academic, summer.
Undergraduate Students - Summer Months	Optional	Identify the number of months devoted to the project in the applicable box for each project role category; i.e., calendar, academic, summer.
Undergraduate Students - Requested Salary	Optional	Regardless of the number of months being devoted to the project, indicate only the amount of salary/wages being requested for each project role.
Undergraduate Students - Fringe Benefits	Optional	Enter applicable fringe benefits, if any, for this project role category.
Undergraduate Students - Funds Requested	Optional	Enter requested salary/wages & fringe benefits for each project role.

Field Name	Required or Optional	Information
Secretarial/Clerical - Number of Personnel	Optional	Enter the number of personnel proposed for this project role category. In most circumstances, the salaries of administrative or clerical staff at educational institutions and nonprofit organizations are included as part of indirect costs. Examples, however, of situations where direct charging of administrative or clerical staff salaries may be appropriate may be found at: http://www.whitehouse.gov/omb/circulars/a021/a21_2004.html#exc . The circumstances for requiring direct charging of these services must be clearly described in the budget justification.
Secretarial/Clerical - Project Role	Optional	Project Role label
Secretarial/Clerical - Calendar Months	Optional	Identify the number of months devoted to the project in the applicable box for each project role category; i.e., calendar, academic, summer.
Secretarial/Clerical - Academic Months	Optional	Identify the number of months devoted to the project in the applicable box for each project role category; i.e., calendar, academic, summer.
Secretarial/Clerical - Summer Months	Optional	Identify the number of months devoted to the project in the applicable box for each project role category; i.e., calendar, academic, summer.
Secretarial/Clerical - Requested Salary	Optional	Regardless of the number of months being devoted to the project, indicate only the amount of salary/wages being requested for each project role.
Secretarial/Clerical - Fringe Benefits	Optional	Enter applicable fringe benefits, if any, for this project role category.
Secretarial/Clerical - Funds Requested	Optional	Enter requested salary/wages & fringe benefits for each project role.
Additional Other Personnel - Number of Personnel	Optional	For each project role category identify the number of personnel proposed.
Additional Other Personnel - Project Role Description	Optional	List any additional project role(s) in the blank(s) provided, e.g., Engineer, IT Professionals, etc.
Additional Other Personnel - Calendar Months	Optional	Identify the number of months devoted to the project in the applicable box for each project role category; i.e., calendar, academic, summer.

Field Name	Required or Optional	Information
Additional Other Personnel - Academic Months	Optional	Identify the number of months devoted to the project in the applicable box for each project role category; i.e., calendar, academic, summer.
Additional Other Personnel - Summer Months	Optional	Identify the number of months devoted to the project in the applicable box for each project role category; i.e., calendar, academic, summer.
Additional Other Personnel - Requested Salary	Optional	Regardless of the number of months being devoted to the project, indicate only the amount of salary/wages being requested for each project role.
Additional Other Personnel - Fringe Benefits	Optional	Enter applicable fringe benefits, if any, for this project role category.
Additional Other Personnel - Funds Requested	Optional	Enter requested salary/wages & fringe benefits for each project role.
Total Number Other Personnel	Optional	This total will auto-calculate. Total Number of Personnel.
Total Other Personnel	Optional	This total will auto-calculate. Total Funds requested for all Other Personnel.
Total Salary, Wages, & Fringe Benefits	Required	This total will auto-calculate. Total Funds requested for all Senior Key Persons and all Other Personnel.
C. Equipment Description	Optional	Section label
Equipment Item	Optional	Equipment is defined as an item of property that has an acquisition cost of \$5,000 or more (unless the organization has established lower levels) and an expected service life of more than one year. List each item of equipment separately and justify each in the budget justification section. Allowable items ordinarily will be limited to research equipment and apparatus not already available for the conduct of the work. General-purpose equipment, such as a personal computer, is not eligible for support unless primarily or exclusively used in the actual conduct of scientific research.
Equipment Item Funds Requested	Optional	List the estimated cost of each item of equipment including shipping and any maintenance costs and agreements. This is required information.

Field Name	Required or Optional	Information
Additional Equipment	Optional	If this section cannot accommodate all the equipment proposed, attach a file in the block provided. List each additional item and the funds requested. For all additional items in the attached file, list the total funds requested in the following field.
Total Funds Requested for Additional Equipment	Optional	Dollar amount for item should exceed \$5000.
Total Equipment	Optional	This total will auto-calculate. Total Funds requested for all equipment.
D. Travel	Optional	Section label
1. Domestic Travel Costs	Optional	Identify the total funds requested for domestic travel. Domestic travel includes Canada, Mexico and US Possessions. In the budget justification section, include purpose, destination, dates of travel (if known), and number of individuals for each trip. If the dates of travel are not known, specify estimated length of trip (e.g., 3 days).
2. Foreign Travel Costs	Optional	Identify the total funds requested for foreign travel. Foreign travel includes any travel outside of North America and/or US Possessions. In the budget justification section, include purpose, destination, dates of travel (if known), and number of individuals for each trip. If the dates of travel are not known, specify estimated length of trip (e.g., 3 days).
Total Travel Cost	Optional	This total will auto-calculate. Total Funds requested for all travel.
E. Participant/Trainee Support Costs	Optional	Section label
1. Participant/Trainee Tuition/Fees/Health Insurance	Optional	List total funds requested for Participant/Trainee Tuition/Fees/Health Insurance.
2. Participant/Trainee Stipends	Optional	List total funds requested for Participant/Trainee Stipends.
3. Participant/Trainee Travel	Optional	List total funds requested for Participant/Trainee Travel.
4. Participant/Trainee Subsistence	Optional	List total funds requested for Participant/Trainee Subsistence.

Field Name	Required or Optional	Information
5a. Other Participant/Trainee Description	Optional	Describe any other participant trainee funds requested.
5b. Other Participant/Trainee Costs	Optional	List total funds requested for any other Participant/Trainee costs described.
Number of Participants/Trainees	Optional	List total number of proposed participant/trainees, value cannot be greater than 9999.
Total Participant/Trainee Costs	Optional	This total will auto-calculate. Total funds requested for all trainee costs. This field is required if any data has been entered in section E.
F. Other Direct Costs	Optional	Section label
1. Materials and Supplies	Optional	List total funds requested for materials & supplies. In the budget justification, indicate general categories such as glassware, chemicals, animal costs, including an amount for each category. Categories less than \$1,000 are not required to be itemized.
2. Publication Costs	Optional	List the total publication funds requested. The proposal budget may request funds for the costs of documenting, preparing, publishing or otherwise making available to others the findings and products of the work conducted under the award. In the budget justification include supporting information.
3. Consultant Services	Optional	List the total costs for all consultant services. In the budget justification, identify each consultant, the services he/she will perform, total number of days, travel costs, and total estimated costs.
4. ADP/Computer Services	Optional	List total funds requested for ADP/Computer Services. The cost of computer services, including computer-based retrieval of scientific, technical and education information may be requested. In the budget justification, include the established computer service rates at the proposing organization if applicable.
5. Subawards/Consortium/Contractual Costs	Optional	List total funds requested for 1) all subaward/consortium organization(s) proposed for the project and 2) any other contractual costs proposed for the project.

Field Name	Required or Optional	Information
6. Equipment or Facility Rental/User Fees	Optional	List total funds requested for Equipment or Facility Rental/User Fees. In the budget justification, identify each rental user fee and justify.
7. Alterations and Renovations	Optional	List total funds requested for Alterations & Renovations. In the budget justification, itemize, by category and justify the costs of alterations and renovations including repairs, painting, removal or installation of partitions, shielding, or air conditioning. Where applicable, provide the square footage and costs.
8.a. Additional Other Direct Cost Description	Optional	Add text to describe any "other" Direct Costs not requested above. Use the budget justification to further itemize and justify.
8.b. Additional Other Direct Cost Funds Requested	Optional	List total funds requested for items 8-10 "Other."
Total Other Direct Costs	Optional	This total will auto-calculate. Total Funds requested for all other direct costs.
G. Direct Costs	Optional	Section label
Total Direct Costs	Optional	This total will auto-calculate. Total Funds requested for all direct costs.
H. Indirect Costs	Optional	Section label
Indirect Cost Type	Optional	Indicate the type of base; e.g., Salary & Wages, Modified Total Direct Costs, Other (explain). Also indicate if Off-site. If more than one rate/base is involved, use separate lines for each. If you do not have a current indirect rate(s) approved by a Federal agency, indicate "None--will negotiate" and include information for a proposed rate. Use the budget justification if additional space is needed.

Field Name	Required or Optional	Information
Indirect Cost Rate	Optional	Indicate the most recent Indirect Cost rate(s) (also known as Facilities & Administrative Costs [F&A]) established with the cognizant Federal office, or in the case of for-profit organizations, the rate(s) established with the appropriate agency. If you have a cognizant/ oversight agency and are selected for an award, you must submit your indirect rate proposal to that office for approval. If you do not have a cognizant/oversight agency, contact the awarding agency.
Indirect Cost Base	Optional	Enter the amount of the base for each indirect cost type.
Indirect Costs Funds Requested	Optional	Enter funds requested for each indirect cost type.
Total Indirect Costs	Optional	This total will auto-calculate. Total Funds requested for indirect costs.
Cognizant Agency	Optional	Enter the name of the cognizant Federal Agency, name & phone number of the individual responsible for negotiating your rate. If no cognizant agency is known, enter "None".
I. Total Direct and Indirect Costs	Optional	Section label
Total Direct and Indirect Institutional Costs	Optional	This total will auto-calculate. Total Funds requested for direct and indirect costs.
J. Fee	Optional	Section label
Fee	Optional	Generally, a fee is not allowed on a grant or cooperative agreement. Do not include a fee in your budget, unless the program announcement specifically allows the inclusion of a "fee" (e.g., SBIR/STTR). If a fee is allowable, enter the requested fee.
K. Total Costs and Fee	Optional	Section label
Total Costs and Fee	Optional	This total will auto-calculate. Total Funds requested for direct and indirect costs plus fee.
L. Budget Justification	Required	Section label

Field Name	Required or Optional	Information
Budget Justification	Required	Use the budget justification to provide the additional information requested in each budget category identified above and any other information the applicant wishes to submit to support the budget request. The following budget categories must be justified, where applicable: equipment, travel, participant/trainee support and other direct cost categories. Only one file may be attached. This field is required.
Cumulative Budget	Optional	Section label
Section A, Senior/Key Person	Optional	Cumulative Total Funds requested for all Senior Key Persons.
Section B, Other Personnel	Optional	Cumulative Total Funds requested for all Other Personnel.
Total Number Other Personnel	Optional	The cumulative total number of other Personnel.
Total Salary, Wages & Fringe Benefits	Optional	Cumulative Total Funds requested for all Senior Key Persons and all Other Personnel.
Section C, Equipment	Optional	Cumulative Total Funds requested for all equipment.
Section D, Travel	Optional	Cumulative Total Funds requested for all travel.
1. Domestic Travel Costs	Optional	The cumulative total funds requested for domestic travel.
2. Foreign Travel Costs	Optional	The cumulative total funds requested for foreign travel.
Section E, Participant/Trainee Support Costs	Optional	The cumulative total funds requested for all trainee costs.
1. Participant/Trainee Tuition/Fees/Health Insurance	Optional	The cumulative total funds requested for Participant/Trainee Tuition/Fees/Health Insurance.
2. Participant/Trainee Stipends	Optional	The cumulative total funds requested for Participant/Trainee Stipends.
3. Participant/Trainee Travel	Optional	The cumulative total funds requested for Participant/Trainee Travel.
4. Participant/Trainee Subsistence	Optional	The cumulative total funds requested for Participant/Trainee Subsistence.
5. Participant/Trainee Other Cost	Optional	The cumulative total funds requested for any other Participant/Trainee costs described.

Field Name	Required or Optional	Information
6. Number of Participants/Trainees	Optional	The cumulative total number of proposed participant/trainees, value cannot be greater than 9999.
Section F, Other Direct Costs:	Optional	The cumulative total funds requested for all other direct costs.
1. Materials and Supplies	Optional	The cumulative total funds requested for materials & supplies.
2. Publication Costs	Optional	The cumulative total publication funds requested.
3. Consultant Services	Optional	The cumulative total costs for all consultant services.
4. ADP/Computer Services	Optional	The cumulative total funds requested for ADP/Computer Services
5. Subawards/Consortium/ Contractual Costs	Optional	The cumulative total funds requested for 1) all subaward/consortium organization(s) proposed for the project and 2) any other contractual costs proposed for the project.
6. Equipment or Facility Rental/User Fees	Optional	The cumulative total funds requested for Equipment or Facility Rental/User Fees.
7. Alterations and Renovations	Optional	The cumulative total funds requested for Alterations & Renovations.
8. Additional Other Direct Cost 1	Optional	The cumulative total funds requested in line 8 or the first Other Direct Cost Category.
9. Additional Other Direct Cost 2	Optional	The cumulative total funds requested in line 9 or the second Other Direct Cost Category.
10. Additional Other Direct Cost 3	Optional	The cumulative total funds requested in line 10 or the third Other Direct Cost Category.
Section G, Direct Costs	Optional	The cumulative total funds requested for all direct costs.
Section H, Indirect Costs	Optional	Cumulative Total Funds requested for indirect costs.
Section I, Total Direct and Indirect Institutional Costs	Optional	The cumulative total funds requested for direct and indirect costs.
Section J, Fee	Optional	The cumulative total funds requested for fees.
Section K, Total Costs and Fee	Optional	The cumulative total funds requested for direct and indirect costs plus fee.