

RESEARCH & RELATED BUDGET - Budget Period 1

OMB Number: 4040-0001
Expiration Date: 11/30/2025

UEI:

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 style="background-color: yellow; border: 1px solid red;" type="text"/>		<input style="background-color: yellow; border: 1px solid red;" type="text"/>						<input style="background-color: yellow; border: 1px solid red;" type="text"/>	<input style="background-color: yellow; border: 1px solid red;" type="text"/>	<input style="background-color: yellow; border: 1px solid red;" type="text"/>

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.			
<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:

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. <input type="text"/>	
9. <input type="text"/>	
10. <input type="text"/>	
11. <input type="text"/>	
12. <input type="text"/>	
13. <input type="text"/>	
14. <input type="text"/>	
15. <input type="text"/>	
16. <input type="text"/>	
17. <input type="text"/>	
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 (\$)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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. Total Costs and Fee

Funds Requested (\$)

Total Costs and Fee (I + J)

L. 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

11. Other 4

12. Other 5

13. Other 6

14. Other 7

15. Other 8

16. Other 9

17. Other 10

Section G, Direct Costs (A thru F)

Section H, Indirect Costs

Section I, Total Direct and Indirect Costs (G + H)

Section J, Fee

Section K, Total Costs and Fee (I + J)