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 ($)	Months Cal.	Months Acad.	Months Sum.	Requested Salary ($)	Fringe Benefits ($)	Funds Requested ($)

Project Role: PD/PI

Additional Senior Key Persons: 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 Cal.	Months Acad.	Months Sum.	Requested Salary ($)	Fringe Benefits ($)	Funds Requested ($)
	Post Doctoral Associates						
	Graduate Students						
	Undergraduate Students						
	Secretarial/Clerical						

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 ($)

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.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
	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. 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

Add Period

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)	