# RESEARCH & RELATED BUDGET - Budget Period 1

OMB Number: 4040-0001

Expiration Date: 11/30/2025

Delete Period

**UEI: Enter name of Organization:**

**Budget Type:**

Project Subaward/Consortium

**Budget Period: 1**

**Start Date:**

**End Date:**

# Senior/Key Person

Prefix First Middle Last Suffix Base Salary ($)

Months

Cal. Acad. Sum.

Requested Salary ($)

Fringe Benefits ($)

Funds Requested ($)



x

Project Role:

PD/PI

Add Additional Key Person

Additional Senior Key Persons:

Total Funds requested for all Senior Key Persons in the attached file

# Other Personnel

Number of

Personnel Project Role



Post Doctoral Associates Graduate Students Undergraduate Students

Secretarial/Clerical

x

Add Additional Other Personnel

Cal.

Months Acad.

Sum.

Requested Salary ($)

Total Senior/Key Person

View Attachment

Add Attachment Delete Attachment

Fringe Benefits ($)

Funds Requested ($)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Total Number Other Personnel Total Other Personnel

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

1. **Equipment Description**

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

Equipment item Funds Requested ($)



x

Add Additional Equipment

**Additional Equipment:**

Add Attachment

Delete Attachment

**Total funds requested for all equipment listed in the attached file**

**Total Equipment**

View Attachment

# Travel

Funds Requested ($)

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

**Total Travel Cost**

# 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**

1. **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

# Direct Costs

1. **Indirect Costs**

Total Other Direct Costs

# Total Direct Costs (A thru F)

Funds Requested ($)

Indirect Cost Type Indirect Cost Rate (%) Indirect Cost Base ($) Funds Requested ($)



x

Add Additional Indirect Cost

# 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)**

1. **Fee Funds Requested ($)**
2. **Total Costs and Fee Funds Requested ($)**

**Total Costs and Fee (I + J)**

1. **Budget Justification**

(Only attach one file.)

View Attachment

Delete Attachment

Add 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)