

**RESEARCH & RELATED BUDGET - Budget Period 1**

OMB Number: 4040-0001  
Expiration Date: 10/31/2019

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 checked="" type="checkbox"/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

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

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 checked="" type="checkbox"/> <input type="text"/>	<input type="text"/>
<input type="button" value="Add Additional Equipment"/>	
<b>Additional Equipment:</b> <input type="text"/>	<input type="button" value="Add Attachment"/> <input type="button" value="Delete Attachment"/> <input type="button" value="View Attachment"/>
<b>Total funds requested for all equipment listed in the attached file</b>	
<b>Total Equipment</b>	

### 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"/>
<b>Total Travel Cost</b>	<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"/> <b>Number of Participants/Trainees</b>	<b>Total Participant/Trainee Support Costs</b>

**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"/>	
<b>Total Other Direct Costs</b>	

**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 (\$)
X <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="Add Additional Indirect Cost"/>			
<b>Total Indirect Costs</b>			<input type="text"/>

**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.)

**RESEARCH & RELATED BUDGET - Cumulative Budget**

**Totals (\$)**

<b>Section A, Senior/Key Person</b>		
<b>Section B, Other Personnel</b>		
Total Number Other Personnel		
<b>Total Salary, Wages and Fringe Benefits (A+B)</b>		
<b>Section C, Equipment</b>		
<b>Section D, Travel</b>		
1. Domestic		
2. Foreign		
<b>Section E, Participant/Trainee Support Costs</b>		
1. Tuition/Fees/Health Insurance		
2. Stipends		
3. Travel		
4. Subsistence		
5. Other		
6. Number of Participants/Trainees		
<b>Section F, Other Direct Costs</b>		
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		
<b>Section G, Direct Costs (A thru F)</b>		
<b>Section H, Indirect Costs</b>		
<b>Section I, Total Direct and Indirect Costs (G + H)</b>		
<b>Section J, Fee</b>		
<b>Section K, Total Costs and Fee (I + J)</b>		