

Program Director/Principal Investigator (Last, First, Middle):

DETAILED BUDGET FOR BUDGET PERIOD DIRECT COSTS ONLY	FROM	THROUGH
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Institution/Organization

Fill out a separate budget form and itemize expenses for each institution involved in your project.

List PERSONNEL

Use Cal, Acad, or Summer to Enter Months Devoted to Project

Enter Dollar Amounts Requested (*omit cents*) for Salary Requested and Fringe Benefits

NAME	ROLE ON PROJECT	Cal. Mnth	Acad. Mnth	Summer Mnth	INST.BASE SALARY	SALARY REQUESTED	FRINGE BENEFITS	TOTAL
SUBTOTALS								

CONSULTANTS (List)	
EQUIPMENT (<i>Itemize</i>)	
SUPPLIES (<i>Itemize by category</i>)	
TRAVEL	
RESEARCH IN/PATIENT CARE COSTS	
RESEARCH OUT/PATIENT CARE COSTS	
OTHER EXPENSES (<i>Itemize by category; for the MCW budget only please include cost-reimbursable awards to CTSI Partner institutions/subcontracts</i>)	
DIRECT COSTS FOR BUDGET PERIOD	

TOTAL		\$

Budget Justification

Project Title

Personnel

Personnel salary support and roles should be specified and justified.

Consultants

Any consultant's funding and roles should be specified and justified.

Equipment

Itemize.

Supplies

Itemize by categories. Include expenses such as user fees and animal costs and per diem. If there will be an unequal distribution of expenses between years of the award period, identify and justify.

Travel Expenses

Specify by travel destination and purpose.

Research In/Patient Care Costs

Research Out/Patient Care Costs

Other Expenses

Itemize by category; for the MCW budget only please include cost-reimbursable awards to CTSI Partner institutions/subcontracts.

Sharing

Indicate any cost sharing involved in this project.

Total Award Requested: _____

Budget and Justification Instructions

Personnel

Include information for all the below sections for each personnel.

Name. Starting with the PI(s), list the names of all applicant organization employees who are involved on the project during the initial budget period, regardless of whether a salary is requested. Include all collaborating investigators, individuals in training, and support staff.

Role on Project. Identify the role of each individual listed on the project. Describe their specific functions under Justification. Provide budget narrative for ALL personnel by position, role, and level of effort using person months (calendar, academic and/or summer). This includes any “to-be-appointed” positions.

Months Devoted to Project. Enter the number of months devoted to the project. Three columns are provided depending on the type of appointment being reflected: academic, calendar, and/or summer months. Individuals may have consecutive appointments within a calendar year, for example for an academic period and a summer period. In this case, each appointment should be identified separately using the corresponding column.

If effort does not change throughout the year, use only the calendar months column. If effort varies between academic and summer months, leave the calendar months column blank and use only the academic and summer month’s columns. In cases where no contractual appointment exists with the applicant organization and salary is requested, enter the number of months for the requested period.

Salary Requested. 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 individual listed.

Faculty salary support is allowable with a 15 percent ceiling. The specific role in the project should be identified. If partial salary is requested, indicate the percentage and source of remaining support (e.g., departmental or grant funds). All salary support is subject to the current NIH salary cap at time of award. Current NIH salary cap is \$212,100. PIs must show at least a 5% effort that is documented in the final budget form and if applicable on a Faculty Cost-sharing Commitment form. *The lead PI must have a minimum of 5% effort and be fully vested in the project in both spirit and practice and contribute actively on the project. All other mPIs and co-investigators must have a minimum of 1% effort.*

Effort must be specified for all investigators (and personnel), even when effort is fully cost-shared by the institution/department. **Indicate any cost-sharing within the budget justification under each investigator’s name, under ‘Sharing’.** **Institutional base salary must be listed for any individual providing effort and/or receiving salary support from the project.**

Consultant Costs

Any consultant’s funding and roles should be specified and justified. Whether or not costs are involved, provide the names and organizational affiliations of all consultants, other than those involved in consortium/contractual arrangements. Include consultant physicians in connection with patient care and persons who are confirmed to serve on external monitoring or advisory committees. Describe the services to be performed on under “Justification.” Include the number of days of anticipated consultation, the expected rate of compensation, travel, per diem, and other related costs. **Note:** A consultant is defined as “an individual hired to perform professional, short-term services.” Consultants differ from Consortiums (Subcontracts) in that they may provide advice or services, but do not make decisions for the direction of the research. If the relationship involves more than completing specific, well-defined, limited scope tasks, then a subcontract should be pursued with the individual’s institution.

Equipment

List each item of equipment with amount requested separately and justify each purchase.

Supplies

Itemize supplies in separate categories, such as glassware, chemicals, radioisotopes, etc. If animals are to be purchased, state the species and the number to be used.

Travel

Itemize travel requests and justify. Provide the purpose and destination of each trip and the number of individuals for whom funds are requested.

Research Patient Care Costs

If research inpatient and/or research outpatient costs are requested for research with human subjects, provide the names of any hospitals and/or clinics and the amounts requested for each.

State whether each hospital or clinic has a currently effective DHHS-negotiated research patient care rate agreement and, if not, what basis is used for calculating costs. If an applicant does not have a DHHS-negotiated rate, a provisional rate can be approved. Indicate, in detail, the basis for estimating costs in this category, including the number of patient days, estimated cost per day, and cost per test or treatment. If both research inpatient and outpatient costs are requested, provide information for each separately. If multiple sites are to be used, provide detailed information by site.

Include information regarding projected patient accrual for the project/budget periods and relate this information to the budget request for patient care costs. If patient accrual is anticipated to be lower at the start or during the course of the project, plan budget(s) accordingly.

Provide specific information regarding anticipated sources of Other Support for research patient care costs, e.g., third party recovery or pharmaceutical companies. Include any potential or expected utilization of CTSI Resources.

Other Expenses

Itemize any other expenses by category and unit cost. These might include animal maintenance (unit care costs and number of care days), participation incentives, donor fees, publication costs, computer charges, rentals and leases, equipment maintenance, service contracts.