

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

OMB Number: 4040-0001  
Expiration Date: 6/30/2016

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 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"/>

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 (\$)

Additional Equipment:

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 <input data-bbox="201 850 1129 883" type="text"/>	
<input data-bbox="46 893 126 928" type="text"/> Number of Participants/Trainees	Total Participant/Trainee Support Costs

**F. Other Direct Costs**

**Funds Requested (\$)**

1. Materials and Supplies	<input type="text"/>
2. Publication Costs	<input type="text"/>
3. Consultant Services	<input type="text"/>
4. ADP/Computer Services	<input type="text"/>
5. Subawards/Consortium/Contractual Costs	<input type="text"/>
6. Equipment or Facility Rental/User Fees	<input type="text"/>
7. Alterations and Renovations	<input type="text"/>
8. <input type="text"/>	<input type="text"/>
9. <input type="text"/>	<input type="text"/>
10. <input type="text"/>	<input type="text"/>
<b>Total Other Direct Costs</b>	<input type="text"/>

**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. Budget Justification**

(Only attach one file.)

Add Attachment

Delete Attachment

View Attachment

## RESEARCH & RELATED BUDGET - Cumulative Budget

Totals (\$)

<b>Section A, Senior/Key Person</b>		<input type="text"/>
<b>Section B, Other Personnel</b>		<input type="text"/>
Total Number Other Personnel	<input type="text"/>	
<b>Total Salary, Wages and Fringe Benefits (A+B)</b>		<input type="text"/>
<b>Section C, Equipment</b>		<input type="text"/>
<b>Section D, Travel</b>		<input type="text"/>
1. Domestic	<input type="text"/>	
2. Foreign	<input type="text"/>	
<b>Section E, Participant/Trainee Support Costs</b>		<input type="text"/>
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"/>	
6. Number of Participants/Trainees	<input type="text"/>	
<b>Section F, Other Direct Costs</b>		<input type="text"/>
1. Materials and Supplies	<input type="text"/>	
2. Publication Costs	<input type="text"/>	
3. Consultant Services	<input type="text"/>	
4. ADP/Computer Services	<input type="text"/>	
5. Subawards/Consortium/Contractual Costs	<input type="text"/>	
6. Equipment or Facility Rental/User Fees	<input type="text"/>	
7. Alterations and Renovations	<input type="text"/>	
8. Other 1	<input type="text"/>	
9. Other 2	<input type="text"/>	
10. Other 3	<input type="text"/>	
<b>Section G, Direct Costs (A thru F)</b>		<input type="text"/>
<b>Section H, Indirect Costs</b>		<input type="text"/>
<b>Section I, Total Direct and Indirect Costs (G + H)</b>		<input type="text"/>
<b>Section J, Fee</b>		<input type="text"/>