

	<p>whom consortium or contractual arrangements have been made, along with all personnel, including percent effort and roles on the project. Do not provide individual salary information.</p> <p>Indicate whether the collaborating institution is foreign or domestic. While only the direct cost for a consortium/contractual arrangement is factored into eligibility for using the modular budget format, the total consortium/contractual costs must be included in the overall requested modular direct cost amount.</p>
<p><u>Additional Narrative Justification</u></p>	<p>If the requested budget requires any additional justification, such as variations in the number of modules requested, add the attachment to this section.</p>

R&R Budget

The Research and Related Budget is made of Sections A–K, which is spread over 3 pages in Pure Edge File. For each budget period, all sections A–J must be completed individually. Section K, the budget justification, allows for a file to be attached to the form. This budget justification should cover all budget periods.

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 1

* ORGANIZATIONAL DUNS:

* Budget Type: Project Subaward/Consortium

Enter name of Organization:

* Start Date: * End Date: Budget Period: 1

(If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the form.)

For Calendar months less than 1, round the number to 1 and leave the budget unchanged. Explain the actual effort/person months in the budget justification.

A. Senior/Key Person

Prefix	* First Name	Middle Name	* Last Name	Suffix	* Project Role	Base Salary (\$)	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)
1.												
2.												
3.												
4.												
5.												
6.												
7.												
8.												
9. Total Funds requested for all Senior Key Persons in the attached file												

Total Senior/Key Person

Additional Senior Key Persons:

B. Other Personnel

* Number of Personnel	* Project Role	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)
<input type="checkbox"/>	Post Doctoral Associates						
<input type="checkbox"/>	Graduate Students						
<input type="checkbox"/>	Undergraduate Students						
<input type="checkbox"/>	Secretarial/Clerical						
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
Total Number Other Personnel							
Total Salary, Wage and Fringe Benefits (A+B)							

OHS Number: 4040-0001
Expiration Date: 04/30/2006

RESEARCH & RELATED Budget (A-B) (Funds Requested)

If funds are requested for more than one budget period, a detailed budget for each year should be provided.

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 1

* ORGANIZATIONAL DUNS:

* Budget Type: Project Subaward/Consortium

Enter name of Organization:

* Start Date: * End Date: Budget Period: 1

(If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the

C. Equipment Description

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

	Equipment Item	* Funds Requested (\$)
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>
11.	Total funds requested for all equipment listed in the attached file	<input type="text"/>
	Total Equipment	<input type="text"/>

Additional Equipment:

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"/>
	Total Travel Cost	<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="checkbox"/>	Number of Participants/Trainees	<input type="text"/>
	Total Participant/Trainee Support Costs	<input type="text"/>

Section E: Will not be used by NIH.

RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 1

Next Period

* ORGANIZATIONAL DUNS:

* Budget Type: Project Subaward/Consortium

Enter name of Organization:

* Start Date: * End Date: Budget Period: 1

(If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the

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"/>
Total Other Direct Costs	<input type="text"/>

Enter Tuition Remission on line 8.

G. Direct Costs	Funds Requested (\$)
Total Direct Costs (A thru F)	<input type="text"/>

H. Indirect Costs	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Indirect Costs				<input type="text" value="0.00"/>

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)	<input type="text" value="0.00"/>

J. Fee	Funds Requested (\$)
	<input type="text"/>

K. * Budget Justification
(Only attach one file.)

A file must be attached to item K. Budget Justification before the NEXT PERIOD button becomes active so that you can go to Year 2.

Tips for Completing the R&R budget

<u>Budget Type</u>	Check the appropriate block. Check Project if the budget requested is for the primary applicant organization. Check Subaward/Consortium if the budget requested is for subawardee/consortium organization(s). Note: Separate budgets are required only for subawardee/consortium organizations that perform a substantive portion of the project. If creating a Subaward Budget, use the R&R Subaward Budget Attachment and attach as a separate file on the R&R Budget Attachment(s) form.
<u>Enter name of Organization</u>	Pre-populated from the R&R SF424. Enter the name of your organization.
<u>Start Date</u>	Enter the requested/proposed start date of each budget period. Use the following format: MM/DD/YYYY.
<u>End Date</u>	Enter the requested/proposed end date of each budget period. Use the following format: MM/DD/YYYY.
<u>Budget Period</u>	Identify the specific budget period (for example, 1, 2, 3, 4, 5). If submitting through Grants.gov, the system will automatically generate a cumulative budget for the total project period.

A. Senior/Key Person

<u>Prefix, First Name, Middle Name, Last Name, and Suffix</u>	Enter in the information for each Senior/Key Person. Only the first and last name are required.
<u>Project Role</u>	Enter the project role of the Senior/Key person. This field could also include such roles as Co-PD/PI, Postdoctoral Associates, and Other Professionals. The first individual is always the PD/PI indicated on the SF (424) R&R, this information is automatically populated.
<u>Base Salary</u>	Enter the annual compensation paid by the employer for each Senior/Key person. This includes all activities such as research, teaching, patient care, or other. You may choose to leave this column blank, and the PHS staff will request this information prior to award.
<u>Cal. Months</u>	Enter the number of months devoted to the project for each Senior/Key person (for example, calendar, academic, summer). If effort does not change throughout the year, use 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 months columns.
<u>Acad. Months</u>	Enter the number of months devoted to the project for each Senior/Key person (for example, calendar, academic, summer). If your institution does not use a 9-month academic year, indicate your institution's definition of academic year in the budget justification.

<u>Sum. Months</u>	Enter the number of months devoted to the project for each Senior/Key person (for example, calendar, academic, summer). If your institution does not use a 3-month summer period, indicate your institution's definition of summer in the budget justification.
Months of effort may be listed as partial months, with up to two decimal places.	
<u>Requested Salary</u>	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 Senior/Key person.
<u>Fringe Benefits</u>	Enter applicable fringe benefits, if any, for each Senior/Key person.
<u>Funds Requested</u>	Enter the requested salary and fringe benefits for each Senior/Key person.
<u>Total Funds requested for all Senior Key Persons in the attached file</u>	Enter the total funds requested for all Senior/Key persons listed in the attached file.
<u>Total Senior/Key Person</u>	The total funds requested for all Senior/Key persons.
<u>Additional Senior Key Persons</u>	If funds are requested for more than eight Senior/Key persons, include all pertinent budget information and attach as a file here. Enter the total funds requested for all additional senior/key persons in line 9 of Section A. Use the same format as the budget component and include all required information.

B. Other Personnel

<u>Number of Personnel</u>	For each project role category identify the number of personnel proposed. Note, for Secretarial/Clerical Personnel, in most circumstances the salaries of administrative or clerical staff at educational institutions and nonprofit organizations are included as part of indirect costs. The circumstances for requiring direct charging of these services must be clearly described in the budget justification. For all Postdoctoral Associates and Graduate Students not already named in Section A. Senior/Key Person, individually list names, roles (e.g., PostDoc or Graduate Student), associated months, and salary & fringe benefits requested in the Budget Justification.
<u>Project Role</u>	If Project Role is other than Post Doctoral Associates, Graduate Students, Undergraduate Students, or Secretarial/Clerical, enter the appropriate project role (for example, Engineer, IT Professional, etc.) in the blanks. Do not include consultants in this section. Consultants are included below in Section F. Other Direct Costs.
For the remaining fields refer to instructions provided in the Senior/Key Person section	

To navigate to the next page (Sections C through E), click the "Next" button at the top of the form.

C. Equipment Description

<u>Equipment item</u>	Equipment is defined as an item of property that has an acquisition cost of \$5,000 or more and an expected service life of more than one year. List each item of equipment separately and justify each in the budget justification section.
<u>Funds Requested</u>	Enter the estimated cost of each item of equipment including shipping and any maintenance costs and agreements. Dollar amount for item should exceed \$5000.
<u>Total funds requested for all equipment listed in the attached file</u>	Enter the total funds requested for all equipment listed in the attached file.
<u>Total Equipment</u>	Total Funds requested for all equipment.
<u>Additional Equipment</u>	If the space provided cannot accommodate all the equipment proposed, attach a file by clicking Add Attachment. List each additional item and the funds requested. For all additional items in the attached file, list the total funds requested on line 11 of this section.

D. Travel

<u>Domestic Travel Costs (Incl. Canada, Mexico, and US Possessions)</u>	Enter the total funds requested for domestic travel. Domestic travel includes Canada, Mexico, and US possessions. In the budget justification section, include the purpose, destination, dates of travel (if known), and number of individuals for each trip. If the dates of travel are not known, specify estimated length of trip.
<u>Foreign Travel Costs</u>	Enter the total funds requested for foreign travel. Foreign travel includes any travel outside of North America and/or US possessions. In the budget justification section, include the purpose, destination, dates of travel (if known) and number of individuals for each trip. If the dates of travel are not known, specify estimated length of trip.
<u>Total Travel Cost</u>	The total funds requested for all travel.

E. Participant/Trainee Support Costs

Unless specifically stated otherwise in an announcement, NIH and other PHS agencies applicants should leave blank Section E. Note: Tuition remission for graduate students should continue to be included in Section F. Other Direct Costs when applicable.

F. Other Direct Costs

<u>1. Materials and Supplies</u>	Enter the total funds requested for materials and supplies. In the budget justification, indicate general categories such as glassware, chemicals, animal costs, including an amount for each category. Categories less than \$1,000 do not have to be itemized.
<u>2. Publication Costs</u>	Enter the total publication funds requested. In the budget justification, include supporting information.
<u>3. Consultant Services</u>	Enter the total costs for all consultant services. In the budget justification, identify each consultant, the services he or she will perform, total number of days, travel costs, and the total estimated costs.
<u>4. ADP/Computer Services</u>	Enter total funds requested for ADP/computer services. In the budget justification, include the established computer service rates at the proposing organization if applicable.
<u>5. Subawards/Consortium/Contractual Costs</u>	Enter the total funds requested for 1) all subaward/consortium organization(s) proposed for the project and 2) any other contractual costs proposed for the project.
<u>6. Equipment or Facility Rental/User Fees</u>	Enter the total funds requested for equipment or facility rental/use fees. In the budget justification, identify each rental user fee and justify.
<u>7. Alterations and Renovations</u>	Enter the total funds requested for alterations and renovations. In the budget justification, itemize by category and justify the costs of alterations and renovations including repairs, painting, removal or installation of partitions, shielding, or air conditioning. Where applicable, provide the square footage and costs.
<u>8-10 Other</u>	<p>Add text to describe any "other" direct costs not requested above. Use the budget justification to further itemize and justify.</p> <p>Use lines 8-10 for such costs as patient care and tuition remission. If requesting patient care costs, request inpatient and outpatient costs separately using lines 8 and 9.</p> <p>If line space is an issue, combine all remaining "other direct costs" together on the last line and include details in the budget justification (description and funds requested).</p>
<u>Total Other Direct Costs</u>	The total funds requested for all other direct costs.

G. Total Direct Costs (A through F)

The total funds requested for all direct costs.

H. Indirect Costs

<u>Indirect Cost Type</u>	Indicate the type of cost for example: Salary & Wages, Modified Total Direct Costs, or Other (explain). Also indicate if Off-site. Use the budget justification if additional space is needed.
<u>Indirect Cost Rate</u>	Indicate the most recent indirect cost rate established with the cognizant Federal office, or in the case of for-profit organizations, the rate(s) established with the appropriate agency. If this field does not allow a figure greater than 100% to be entered, use two lines to show the entire calculation. This field should be entered using a rate such as "48.5".
<u>Indirect Cost Base</u>	Enter the amount of the base for each indirect cost type.
<u>Funds Requested</u>	Enter the funds requested for each indirect cost type.
<u>Total Indirect Costs</u>	The total funds requested for indirect costs.
<u>Cognizant Federal Agency</u>	Enter in the name of agency, name, and phone of the individual responsible for negotiating your rate. U.S. Department of Education Wanamaker Building 100 Penn Square East., Suite 502 Philadelphia, PA 19107 Voice: 215-656-6900

I. Total Direct and Indirect Institutional Costs (G + H)

The total funds requested for direct and indirect costs.

J. Fee

Generally, a fee is not allowed on a grant or cooperative agreement. Do not include a fee in your budget, unless the program announcement specifically allows the inclusion of a "fee" (for example, SBIR/STTR). If a fee is allowable, enter the requested fee.

K. Budget Justification

Use the budget justification to provide the additional information requested in each budget category identified above and any other information you wish to submit to support your budget request. Note this is a single justification for all budget years so include all justification information for all years in the same file. Click Add Attachment to attach the file.

Use this section to also list the names, role (e.g., PostDoc or Graduate Student), associated months, salary and fringe benefits for all Postdoctoral Associates and Graduate Students included in Budget Section B. Other Personnel.

If the application includes a subaward/consortium budget, a separate budget justification is submitted for that budget. See the next section about Subaward/Consortium budgets.

Completing Budget Periods 2-5

If funds are being requested for more than one budget period, you must complete a separate detailed budget for each year of support requested. To navigate to screens for the next budget period, click the "Next Period" button at the top of the 3rd budget screen (Sections F through K). You must complete all the required information (i.e., those fields that are highlighted and noted with an "**") before the "Next Period" button is activated. If no funds are requested for a required field, enter "0."

Note that the Budget Justification is also a required item and must be attached before the "Next Period" button is activated.
