

RESEARCH & RELATED BUDGET - Budget Period 1

Delete Period

OMB Number: 4040-0001
Expiration Date: 11/30/2025

UEI: GGTESTUEI000

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"/>											

Project Role:

Add Additional Key Person

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

Add Additional Other Personnel

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 (\$)
X	
Add Additional Equipment	
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	
	Total Participant/Trainee Support Costs

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.		
9.		
10.		
11.		
12.		
13.		
14.		
15.		
16.		
17.		
Total Other Direct Costs		

G. Direct Costs Funds Requested (\$)

Total Direct Costs (A thru F)

H. Indirect Costs		Funds Requested (\$)
Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)
X		
Add Additional Indirect Cost		
Cognizant Federal Agency (Agency Name, POC Name, and POC Phone Number)		
Total Indirect Costs		

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.)

Add Attachment

Delete Attachment

View 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)
