BUDGET FORM INSTRUCTIONS

On the PDF, there are yellow highlights to help you identify the areas for completion

(1) PROGRAM DIRECTOR/Principal Investigator: Put the name of the Investigator here. It will populate automatically on pages 2 and 3

(2) PROJECT BUDGE PERIOD – FROM/THROUGH. Must be between 10/01/20 and 4/30/21

LIST PERSONNEL:

(3) NAME: Where you will list the name of each person who will be funded through this grant application. List First and Last Name

(3a) Cal Mnths: If employee is employed for the full calendar year. Multiply the number of months the employee will work on the project by the employee’s FTE on the project. A

(3b) Acad. Mnths: If the employee is employed during the academic year only. Multiply the number of months the employee will work on the project by the employee’s FTE on the project.

(3c) Summer Mnths: If the employee is employed for the summer months only. Multiply the number of months the employee will work on the project by the employee’s FTE on the project.

(3d) INSTI. BASE SALARY: Employees base salary exclude bonuses, incentives, etc.

(3e) SALARY REQUESTED: Leave blank

(3f) FINGE BENEFITS: Complete the percentage of Fringe Benefits

(3g) SALARY REQUESTED: #Mnths on the project (Cal. Acad. or Summer) x monthly base salary.

(4) CONSULTANT COSTS: Costs of professional and consultant services rendered by persons who are members of a particular profession or possess a special skill and who are not officers or employees of the performing.

(5) EQUIPMENT: The property must have a useful life of more than a year and an acquisition cost of more than $5,000 per unit. If the property has a value of more than $5,000 but doesn’t have a useful life of at least a year, it would not be classified as equipment.

(6) SUPPLIES: Generally, supplies include any materials that are expendable or consumed during the course of the project. A computing device is a supply if the acquisition cost is less than the lesser of the capitalization level established by the non-Federal entity for financial statement purposes or $5,000, regardless of the length of its useful life.

INPATIENT CARE COSTS: Not funded for this project. Leave blank.

OUTPATIENT CARE COSTS: Not funded for this project. Leave blank.

ALTERATIONS AND RENOVATIONS: Not funded for this project. Leave blank.

CONSORTIUM/CONTRACTUAL COSTS – DIRECT COST: Leave blank.

FACILITIES AND ADMINISTRATIVE COSTS: Leave blank
(7) OTHER EXPENSES: Provide additional expenses that are not covered in one of the areas above. Optional.

(8) BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD DIRECT COSTS ONLY: Complete Initial Budget Column only.

(9) JUSTIFICATION: Provide a detailed justification of all of the expenses on page 1 and 2 for the project period. Follow the justification instructions exactly.

CHECKLIST, page 3

- (10) TYPE OF APPLICATIONS: NEW
- INVENTIONS AND PATENTS: Leave blank
- PROGRAM INCOME: Leave blank.
- (11) FACILITIES AND ADMINISTRATIVE COSTS (F&A)/ INDIRECT COSTS: Check the appropriate box and fill in the date.
  - (12) Complete line a. Initial Budget Period only. If you do not have a Federal Indirect Cost Rate Agreement, **you may use the de minimus rate of 10%**. If you have a Federal Indirect Cost Rate Agreement, **please make sure you upload a copy on the RFA Form**