

Components of a Budget Justification

NAME OF THE STUDY

TYPE OF AGREEMENT

A. Senior/Key Personnel

Name of the PI (# calendar months, % FTE). Short description of the work to perform (i.e. will monitor, review and ensure implementation of ISPCTN/ECHO program goals).

The institutional base salary is \$_____ and ____% fringe. This salary support is from date through date.

Total Salary:\$_____

B. Other Personnel

None (if there are no other personnel to list).

Name (# calendar months, % FTE). Short description of the work to perform (i.e. will monitor, review and ensure implementation of ISPCTN/ECHO program goals).

The institutional base salary is \$_____ and ____% fringe. This salary support is from date through date.

Total Salary:\$_____

C. Equipment

None (if there is no equipment to list).

Short description of the equipment and cost per unit and total.

D. Travel

\$amount is requested in travel expenses. Include description of the justification for this expense, the number of trips and cost for each trip. Describe what is included in the cost (plane tickets, hotel, number of nights and, Taxi and per diem rate). Include how the cost will be covered if it is more than the budgeted approved by NIH.

Example:

PI will attend two conferences in City. \$987 is budgeted for airline travel for each conference, for a total of \$1974.

The GSA rate of \$188/night is budgeted for lodging at two nights per conference (four nights total) for a total of \$752.

The UM per diem rate of \$50 for out of state travel is budgeted for eight days, for a total of \$400.

Department X will cover all expenses over the \$3000 maximum that is allowed to be requested in this award.

E. Participant/Trainee Support Costs

None (if there is nothing else to list).

Short description of include, cost per unit and total.

F. Other Direct Costs

1. Materials and Supplies

None (if there is nothing else to list).

Short description of include, cost per unit and total.

2. Publication Costs

None (if there is nothing else to list).

Short description of include, cost per unit and total.

3. Consultant Services

None (if there is nothing else to list).

Short description of include, cost per unit and total.

4. Communications

None (if there is nothing else to list).
Short description of include, cost per unit and total.

5. Subawards/Consortium/Contractual Costs

None (if there is nothing else to list).
Short description of include, cost per unit and total.

10. Meeting and Conference Costs

None (if there is nothing else to list).
Short description of include, cost per unit and total.

G. Total Directs (A through F).

Total Direct = \$ _____

H. Indirect Cost

Name of the institution has a federally negotiated F&A Rate of ____%

Indirect costs is \$_____

I. Total Budget Requested (G+H)

Indirect cost is \$_____