**Budget Justification**

1. **Senior/Key Personnel: $XXX (Salary: $XXX, Fringe Benefits: $XXX)**

Dr. XXX will serve as Principal Investigator on the project and is requesting XX months/effort of Summer/Academic/Calendar (*specify whether academic/calendar year effort requested is base appointment, overload/overtime, and/or course buyout*) salary per project year. Monthly salary for PI was calculated based upon 9-month appointment/12-month appointment. Dr. XXX will be responsible for all administrative and programmatic oversight. Salary includes a 3% merit increase each project year. PI will specifically be responsible for XXX.

Dr. XXX will serve as Co-Investigator and is requesting XX months/effort of Summer/Academic/Calendar (*specify whether academic/calendar year effort requested is base appointment, overload/overtime, and/or course buyout*) salary per project year. Monthly salary for Co-I was calculated based upon 9-month appointment/12-month appointment Monthly salary for PI was calculated based upon 9-month salary/12-month salary. Salary includes a 3% merit increase each project year. Dr. XXX will be responsible for XXX.

Fringe benefits are calculated at the federally negotiated rate for faculty and/or staff. This rate will include a one percentage point anticipated increase for the fiscal year beginning on July 1 of each project year. Fringe benefits include retirement, Medicare, insurance.

1. **Other Personnel: $XXX (Salary: $XXX, Fringe Benefits: $XXX)**

Staff/Technicians requesting XX months/effort for each project year (*specify whether the effort requested is base appointment, overload/overtime, and/or course buyout*) and will be responsible for XXX. Salary includes a 3% merit increase each project year.

Post Doctoral position is requesting XX months/effort for each project year and will be responsible for XXX. Salary includes a 3% merit increase each project year.

The undergraduate student(s) will serve X% effort for X months and will be responsible for XXX. The graduate student(s) will serve X% effort for X months and will be responsible for XXX. Student wages include an inflationary adjustment of 3% on July 1 of each project year.

Other personnel fringe benefits are calculated at the federally negotiated rate for faculty and/or staff. This rate will include a one percentage point anticipated increase for the fiscal year beginning on July 1 of each project year. Fringe benefits include retirement, Medicare, insurance. Graduate and Undergraduate Student salaries do not include fringe benefits.

1. **Equipment: $XXX**

List items and dollar amount for each piece of equipment exceeding $5,000.

1. **Travel: $XXX**

Estimated Cost Per Traveler . Travel costs are requested for dissemination of project results and include costs for airfare, hotel, institutional per diem, and incidentals as needed. Travel is for XX senior personnel and XX graduate students at $XX/person. Conferences may include XXX. Project travel includes request for mileage to visit sites. These visits are necessary for XXX. All travel costs are calculated based upon established per diem rates set by the U.S. General Services Administration.

1. **Participant/Trainee Support Costs: $XXX**
2. Tuition/Fees/Health Insurance
3. Stipends
4. Travel
5. Subsistence
6. Other

**Number of Participants/Trainees:**

1. **Other Direct Costs: $XXX**
2. **Materials and Supplies**

List total funds requested for materials and supplies. Indicate general categories such as glassware, chemicals, animal costs, including amount for each category. Categories less than $1,000 are not required to be itemized.

1. **Publication Costs**

List total publication funds requested, with supporting information, for the costs of documenting, preparing, publishing, or otherwise making available to others the findings and products of the work conducted under the award.

1. **Consultant Services**

List the total costs for all consultant services. Identify the following as applicable: each consultant; the services he/she will perform; total number of days; travel costs; and the total estimated costs; his or her organizational affiliation (other than those involved in consortium/contractual arrangements); consulting physicians in connection with patient care, and; persons who are confirmed to serve on external monitoring boards or advisory committees to the project. Describe the services to be performed.

1. **ADP/Computer Services**

List total funds requested for computer services, including computer-based retrieval of scientific, technical and education information. Include the established computer service rates at the proposing organization if applicable.

1. **Subawards/Consortium/Contractual Costs**

List total funds requested for all subaward/consortium organizations and any other contractual costs proposed for the project. Include both direct and indirect costs. Provide detailed information/categorical breakdown of costs for sufficiently high contractual support services, such as the laboratory testing of biological materials, clinical services, or data processing.

NOTE: if the application includes a subaward/consortium budget, a separate budget justification is submitted with each budget.

1. **Equipment or Facility Rental/User Fees**

List total funds requested for equipment or facility Rental/Use fees. Identify each rental user fee and justify.

1. **Alterations and Renovations**

List total funds requested for alterations and renovations. Itemize by category and justify the costs of alterations and renovations including repairs, painting, removal or installation of partitions, shielding, or air conditioning. Provide square footage and costs where applicable.

1. **Other**

Itemize, describe, and justify any other direct costs not requested above.

**Total Direct Costs: $XXX**

**Indirect Costs: $XXX**

Indirect costs are calculated based upon SIUE’s federally negotiated rate of 44.5%/sponsor’s cap of XX%. [Modified Total Direct Cost (MTDC)/Total Direct Cost (TDC)]

Cognizant Agency: DHHS

**Total Project Cost: $XXX**