

Budget Template for Grant Application

Program

Principal Investigator

Co-PI, if applicable

Project Period

Start

End

PERSONNEL – Year 1 (A1) **note:** The Hope Foundation follows NIH guidance on annual salary limitation (cap).

NAME	PROJECT ROLE	MONTHS	INST. BASE SALARY	SALARY REQUESTED	FRINGE	TOTAL

PERSONNEL – Year 2 (if applicable) (B1)

NAME	PROJECT ROLE	MONTHS	INST. BASE SALARY	SALARY REQUESTED	FRINGE	TOTAL

EQUIPMENT

ITEM DESCRIPTION	YEAR 1 COST (A2)	YEAR 2 COST (B2)

SUPPLIES

ITEM DESCRIPTION	YEAR 1 COST (A3)	YEAR 2 COST (B3)

TRAVEL: non-SWOG only; Foundation directly administers travel to SWOG group meetings, as needed

ITEM DESCRIPTION	YEAR 1 COST (A4)	YEAR 2 COST (B4)

OTHER EXPENSES

ITEM DESCRIPTION	YEAR 1 COST (A5)	YEAR 2 COST (B5)

E. CONSORTIUM/CONTRACTUAL COSTS

ITEM DESCRIPTION	YEAR 1 COST	YEAR 2 COST
Calculate 25% IDC on consortium/contract costs here →		
Total consortium/contractual costs including IDC here →		

DIRECT COST	A1-5. Year 1	B1-5. Year 2
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INDIRECT COST (limit = 25%)	C. Year 1	D. Year 2
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TOTAL CONSORTIUM/CONTRACTUAL COSTS (item 'E' above)	E. Total
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IDC (grantee may apply 25% IDC on first \$25,000 (max. \$6,250))	F. Total
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TOTAL COST BUDGET REQUESTED (must equal sum of all items A-F above)

BUDGET JUSTIFICATION