

Program Director/Principal Investigator (Last, first, middle):

NEXT BUDGET PERIOD <i>(Follow instructions carefully)</i>	FROM 7/1/08	THROUGH 6/30/10	GRANT NUMBER Sample Budget – FY 09
ITEMIZE DIRECT COSTS REQUESTED FOR NEXT BUDGET PERIOD			DOLLAR AMOUNT REQUESTED (omit cents)
PREDOCTORAL STIPENDS <i>(List trainee names)</i> (Name trainees and level of training)			No. Requested: 1 \$ 20,772
POSTDOCTORAL STIPENDS <i>(Itemize) (List trainee names and levels)</i>			No. Requested: \$
OTHER STIPENDS <i>(Specify)</i>			\$
TOTAL STIPENDS			\$ 20,772
TUITION and FEES (including Health Insurance when applicable – see new Instructions) <i>(Itemize)</i> <i>(List each category separately)</i> (Name trainees)			\$ 15,000
TRAINEE TRAVEL <i>(Describe)</i> (Name trainees)			\$ 3,000
TRAINING-RELATED EXPENSES (including Health Insurance when applicable – see new Instructions) $12,000 \times 3 = 36,000 - 18,106 = 17,894$			\$ 17,894
TOTAL DIRECT COSTS FOR NEXT BUDGET PERIOD <i>(Also enter on Page 1, Item 8a)</i>			\$ 56,666

DETAILED BUDGET FOR NEXT BUDGET PERIOD – DIRECT COSTS ONLY		FROM 7/1/09			THROUGH 6/30/10		GRANT NUMBER Sample Budget – FY 09	
PERSONNEL (Applicant organization only)		Months Devoted to Project			DOLLAR AMOUNT REQUESTED (omit cents)			
NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Summer Mnths	SALARY REQUESTED	FRINGE BENEFITS	TOTALS	
	PD/PI							
SUBTOTALS								15,000
CONSULTANT COSTS								1,000
EQUIPMENT (<i>Itemize</i>)								0
SUPPLIES (<i>Itemize by category</i>)								394
TRAVEL								1,500
PATIENT CARE COSTS		INPATIENT						
		OUTPATIENT						
ALTERATIONS AND RENOVATIONS (<i>Itemize by category</i>)								
OTHER EXPENSES (<i>Itemize by category</i>)								
Stipends = \$20,772; Tuition and Fees = \$ 15,000; Trainee Travel = \$3,000; Other Expenses = \$0								38,772
SUBTOTAL DIRECT COSTS FOR NEXT BUDGET PERIOD							\$	56,666
CONSORTIUM/CONTRACTUAL COSTS		DIRECT COSTS						
		FACILITIES AND ADMINISTRATIVE COSTS						
TOTAL DIRECT COSTS FOR NEXT PROJECT PERIOD (<i>Item 8a, Face Page</i>)							\$	56,666

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GRANT NUMBER
Sample Budget – FY 09

CHECKLIST

1. PROGRAM INCOME (See instructions.)

All applications must indicate whether program income is anticipated during the period(s) for which grant support is requested. If program income is anticipated, use the format below to reflect the amount and source(s).

Budget Period	Anticipated Amount	Source(s)

2. ASSURANCES/CERTIFICATIONS (See instructions.)

In signing the application Face Page, the authorized organizational representative agrees to comply with the policies, assurances and/or certifications listed in the application instructions when applicable. Descriptions of individual assurances/certifications are provided in Part III of the [PHS 398](#), and listed in Part I, 4.1 under Item 14. If unable to certify compliance, where applicable, provide an explanation and place it after the Progress Report (Form Page 5).

3. FACILITIES AND ADMINISTRATIVE (F&A) COSTS

Indicate the applicant organization's most recent F&A cost rate established with the appropriate DHHS Regional Office, or, in the case of for-profit organizations, the rate established with the appropriate PHS Agency Cost Advisory Office.

F&A costs will **not** be paid on construction grants, grants to Federal organizations, grants to individuals, and conference grants. Follow any additional instructions provided for Research Career Awards, Institutional National Research Service Awards, Small Business Innovation Research/Small Business Technology Transfer Grants, foreign grants, and specialized grant applications.

- DHHS Agreement dated: _____ No Facilities and Administrative Costs Requested.
- No DHHS Agreement, but rate established with _____ Date _____

CALCULATION*

Entire proposed budget period: Amount of base \$ 41,666 x Rate applied 8 % = F&A costs \$ 3,334

Add to total direct costs from Form Page 2 and enter new total on Face Page, Item 8b.

*Check appropriate box(es):

- Salary and wages base Modified total direct cost base Other base (Explain)
- Off-site, other special rate, or more than one rate involved (Explain)

Explanation (Attach separate sheet, if necessary.):