

## Detailed Budget and Justification

Name of Principal Investigator: \_\_\_\_\_  
 DMRDP log number: \_\_\_\_\_  
 Period of Performance: From: \_\_\_\_\_ Through: \_\_\_\_\_

| <u><b>DETAILED BUDGET FOR YEAR ONE</b></u> |                        |                     |                    |                   |                                      |                 |        |
|--------------------------------------------|------------------------|---------------------|--------------------|-------------------|--------------------------------------|-----------------|--------|
| SENIOR/KEY PERSON & OTHER PERSONNEL        |                        | TYPE APPT. (MONTHS) | ANNUAL BASE SALARY | EFFORT ON PROJECT | DOLLAR AMOUNT REQUESTED (OMIT CENTS) |                 |        |
| NAME                                       | ROLE ON PROJECT        |                     |                    |                   | SALARY REQUESTED                     | FRINGE BENEFITS | TOTALS |
|                                            | Principal Investigator |                     |                    |                   |                                      |                 |        |
|                                            |                        |                     |                    |                   |                                      |                 |        |
|                                            |                        |                     |                    |                   |                                      |                 |        |
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|                                            |                        |                     |                    |                   |                                      |                 |        |
|                                            |                        |                     |                    |                   |                                      |                 |        |
| <b>A. SUBTOTAL PERSONNEL COSTS</b>         |                        |                     |                    |                   |                                      |                 |        |

| <b><u>DETAILED BUDGET FOR YEAR ONE (CONTINUED)</u></b>                                                      |                          |
|-------------------------------------------------------------------------------------------------------------|--------------------------|
| <b><u>OTHER DIRECT COSTS</u></b>                                                                            |                          |
| MAJOR EQUIPMENT (ITEMIZE)                                                                                   |                          |
| TRAVEL COSTS                                                                                                |                          |
| MATERIALS, SUPPLIES, AND CONSUMABLES (ITEMIZE BY CATEGORY)                                                  |                          |
| CONSULTANT COSTS                                                                                            |                          |
| SUBAWARD/CONSORTIUM/CONTRACTUAL COSTS<br>(ITEMIZE, INCLUDE TOTAL COSTS INCLUDING DIRECT AND INDIRECT COSTS) |                          |
| RESEARCH-RELATED SUBJECT COSTS                                                                              |                          |
| OTHER EXPENSES (ITEMIZE BY CATEGORY)                                                                        |                          |
| <b>B. SUBTOTAL OTHER DIRECT COSTS FOR INITIAL BUDGET PERIOD</b>                                             |                          |
| <b>C. TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD (A+B)</b>                                                |                          |
| <b>D. TOTAL INDIRECT COSTS FOR INITIAL BUDGET PERIOD</b>                                                    |                          |
| <b>E. TOTAL COSTS FOR INITIAL BUDGET PERIOD (C+D)</b>                                                       |                          |
| <b>F. TOTAL FIRST YEAR BUDGET BY QUARTER (Q)</b>                                                            | Q1-<br>Q2-<br>Q3-<br>Q4- |

**BUDGET FOR ENTIRE PROPOSED PERIOD OF PERFORMANCE**

| BUDGET<br>CATEGORY<br>TOTALS*                                                                                                     | BUDGET<br>YEAR<br>ONE | ADDITIONAL YEARS OF SUPPORT REQUESTED |     |     |     | TOTAL |
|-----------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------|-----|-----|-----|-------|
|                                                                                                                                   |                       | 2nd                                   | 3rd | 4th | 5th |       |
| A. PERSONNEL COSTS                                                                                                                |                       |                                       |     |     |     |       |
| B. OTHER COSTS                                                                                                                    |                       |                                       |     |     |     |       |
| MAJOR EQUIPMENT                                                                                                                   |                       |                                       |     |     |     |       |
| TRAVEL COSTS                                                                                                                      |                       |                                       |     |     |     |       |
| MATERIALS,<br>SUPPLIES, AND<br>CONSUMABLES                                                                                        |                       |                                       |     |     |     |       |
| CONSULTANT COSTS                                                                                                                  |                       |                                       |     |     |     |       |
| SUBAWARD/<br>CONSORTIUM/<br>CONTRACTUAL COSTS                                                                                     |                       |                                       |     |     |     |       |
| RESEARCH-<br>RELATED SUBJECT<br>COSTS                                                                                             |                       |                                       |     |     |     |       |
| OTHER EXPENSES                                                                                                                    |                       |                                       |     |     |     |       |
| <b>C. TOTAL DIRECT<br/>COSTS</b>                                                                                                  |                       |                                       |     |     |     |       |
| <b>D. TOTAL INDIRECT<br/>COSTS</b>                                                                                                |                       |                                       |     |     |     |       |
| <b>TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PERIOD OF SUPPORT</b>                                                                   |                       |                                       |     |     |     |       |
| <b>TOTAL INDIRECT COSTS FOR ENTIRE PROPOSED PERIOD OF SUPPORT</b>                                                                 |                       |                                       |     |     |     |       |
| <b>TOTAL COSTS FOR THE ENTIRE PROPOSED PERIOD OF SUPPORT</b><br>THIS AMOUNT MUST MATCH WITH THAT ENTERED ON THE SF 424, BLOCK 16A |                       |                                       |     |     |     |       |

\* Itemize all budget categories for additional years on the Justification page that follows.

**JUSTIFICATION**

**FOLLOW THE BUDGET JUSTIFICATION INSTRUCTIONS EXACTLY. USE CONTINUATION PAGES AS NEEDED.**

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