**Budget Template**

**RAS Grants Funding Proposal Number (if known): FP**

Principal Investigator or Program Director (PI/PD):

Sponsor (NIH, DOD, Pew, etc.):

FOA Number, OR

INTERNET URL of Funding Announcement:

Anticipated Start Date:

Number of Budget Periods (enter integers only):

Published Application Due Date:

| **I. Personnel Costs (Rockefeller Personnel Only)** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name (Last, First)** | **Key?**  **Y/N** | **Funding Requested for Effort?**  **Y/N** | **Role** | **Period 1**  **% Effort** | **Period 2**  **% Effort** | **Period 3**  **% Effort** | **Period 4**  **% Effort** | **Period 5**  **% Effort** |
|  | Y |  | **PRINCIPAL INVESTIGATOR** |  |  |  |  |  |
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| **II. General Costs** | | | | | | |
| **Please select from the drop-down (or write in) the following categories: Computer/IT services, Animal, Core Facilities/User Fees, Materials and Supplies, Other, Publication Costs, Travel – Domestic, Travel - Foreign, Other** | | | | | | |
| **Category** | **Description** | **Period 1** | **Period 2** | **Period 3** | **Period 4** | **Period 5** |
| Choose an item. |  | $ | $ | $ | $ | $ |
| Choose an item. |  | $ | $ | $ | $ | $ |
| Choose an item. |  | $ | $ | $ | $ | $ |
| Choose an item. |  | $ | $ | $ | $ | $ |
| Choose an item. |  | $ | $ | $ | $ | $ |
| Choose an item. |  | $ | $ | $ | $ | $ |
| Choose an item. |  | $ | $ | $ | $ | $ |
| Choose an item. |  | $ | $ | $ | $ | $ |

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| --- | --- | --- | --- | --- | --- | --- |
| **III. Consultant (External Contractor) Cost** | | | | | | |
| **Consultant Name** | **Consultant Phone & E-mail** | **Period 1** | **Period 2** | **Period 3** | **Period 4** | **Period 5** |
|  |  | $ | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ | $ |

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| **IV. Equipment** | | | | | | |
| **Each item of equipment must be $5,000 or greater.** | | | | | | |
| **Item** | **Description REQUIRED** | **Period 1** | **Period 2** | **Period 3** | **Period 4** | **Period 5** |
| Equipment Purchases >=$5,000 |  | $ | $ | $ | $ | $ |
| Equipment Purchases >=$5,000 |  | $ | $ | $ | $ | $ |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **V. Secondary Sites / Subaward** | | | | | | | |
| **Institution Name &**  **Investigator Name** | **Phone & E-mail** |  | **Period 1** | **Period 2** | **Period 3** | **Period 4** | **Period 5** |
|  |  | Direct | $ | $ | $ | $ | $ |
| F&A | $ | $ | $ | $ | $ |
|  |  | Direct | $ | $ | $ | $ | $ |
| F&A | $ | $ | $ | $ | $ |
|  |  | Direct | $ | $ | $ | $ | $ |
| F&A | $ | $ | $ | $ | $ |

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| **VI. Patient Care** | | | | | | |
| **Item** | **Description** | **Period 1** | **Period 2** | **Period 3** | **Period 4** | **Period 5** |
|  |  | $ | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ | $ |
|  |  | $ | $ | $ | $ | $ |

**OPTIONAL DETAILED BUDGETING:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **VII. Animal Ordering Cost: OPTIONAL. If you wish to enter as a single-line item, place under item II. General Costs.** | | | | | | | | |
| **Animal**  **(Species)** | **Cost/ Animal** | **Total Shipping Cost: *(transport + shipping cages; Amount is not multiplied)*** |  | **Period 1** | **Period 2** | **Period 3** | **Period 4** | **Period 5** |
|  | $ | $ | **Animals/Period:** |  |  |  |  |  |
|  | $ | $ | **Animals/Period:** |  |  |  |  |  |
|  | $ | $ | **Animals/Period:** |  |  |  |  |  |

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| **VIII. Animal Maintenance Cost: OPTIONAL. If you wish to enter as a single-line item, place under item II. General Costs.** | | | | | | | | |
| **Cage Type** | **Cage Cost/ Day** | **Days/ Animal** |  | **Period 1** | **Period 2** | **Period 3** | **Period 4** | **Period 5** |
|  | $ |  | **Animals/Period:** |  |  |  |  |  |
|  | $ |  | **Animals/Period:** |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **IX. Travel: OPTIONAL. If you wish to enter as a single-line item, place under item II. General Costs.** | | | | | | | |
| **Travel Costs (description)** | **Foreign Travel?**  **Y/N** |  | **Period 1** | **Period 2** | **Period 3** | **Period 4** | **Period 5** |
|  |  | **Cost/Trip:** |  |  |  |  |  |
| **Trips/Period** |  |  |  |  |  |
| **People/Trip** |  |  |  |  |  |
|  |  | **Cost/Trip:** |  |  |  |  |  |
| **Trips/Period** |  |  |  |  |  |
| **People/Trip** |  |  |  |  |  |
|  |  | **Cost/Trip:** |  |  |  |  |  |
| **Trips/Period** |  |  |  |  |  |
| **People/Trip** |  |  |  |  |  |