**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)** |
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| **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:**

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| **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** |       |       |       |       |       |