**PROPOSED RESEARCH PROJECT BUDGET JUSTIFICATION FORM**

**Year 1**

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| **Title of Proposed Project:** |
| **Principal Investigator:** |
| **Total Amount Requested for Year 1 (FY18):** | **$**  |

**Instructions:** Complete all applicable sections below; description (left column) and requested amount (right column). If budget category is not applicable, either leave line item blank.

NOTE: All amounts **must** **be rounded** to the nearest whole number.

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| **A. Direct Labor (salaries and wages):** List below the number and titles of personnel, percentage of time/total hours to be devoted to the grant, and rates of pay. Please list according to category/subcategory and include the amount requested for each sub category (i.e. Post Doc, Research Technician, Undergraduate Students, etc.) below and the total amount requested for the category (PI/PD, Other Professional Personnel, Support Personnel) in column on the right. | **Total $ Requested per Category** |
| **PI(s)/PD(s):** | $ |
| **Other Professional Personnel** (Post Docs, Specialists (non-tenured faculty), and other administrative professionals): | $ |
| Post Doc: | $ |
| Other Administrative Professionals: | $ |
| **Support Personnel** (research technicians, students (graduate and undergraduate), and temporary employees): | $ |
| Research Technician(s): | $ |
| Graduate Student(s): | $ |
| Undergraduate Student(s): | $ |
| Temporary Employee(s): | $ |

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| **B. Fringe Benefits:** For each category of personnel, list below the fringe rates, etc. Include the amount requested for each subcategory (i.e. Post Doc, Research Technician, Undergraduate Students, etc.) below next to ‘$’ and the total amount requested for the category (PI/PD, Other Professional Personnel, Support Personnel) in column on the right. | **Total $ Requested per Category** |
| **PI(s)/PD(s):** | $ |
| **Other Professional Personnel** (Post Docs, Specialists (non-tenured faculty), and other administrative professionals): | $ |
| Post Doc: | $ |
| Other Administrative Professionals: | $ |
| **Support Personnel** (research technicians, students (graduate and undergraduate), and temporary employees): | $ |
| Research Technician(s): | $ |
| Graduate Student(s): | $ |
| Undergraduate Student(s): | $ |
| Temporary Employee(s): | $ |

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| **D. Nonexpendable Equipment:** List below equipment items, relevance to proposed research and dollar amounts. Include cost per item | **Total $ Requested** |
|  | $ |

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| **E. Materials and Supplies (M/S):** Provide below as much detail and specificity as possible for all materials and supplies associated with proposed research. Materials and Supplies should be described in detail e.g., chemical reagents, computer paper and supplies, glassware, lumber, etc. under each sub category (Field, Greenhouse, Laboratory and Other). Include total amount per sub category below next to ‘$’ and total amount requested for M/S in column on the right (i.e. Total $ Requested). | **Total $ Requested** |
| **Field**:  | $ | $ |
| **Greenhouse**:  | $ |
| **Laboratory**:  | $ |
| **Other**:  | $ |

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| **F.1. Domestic Travel (DT):** List below proposed trips individually and describe their purpose in relation to the grant. Also provide dates, destination, and number of travelers where known. Include total amount per sub category below next to ‘$’and total amount requested for DT in column on the right. | **Total $ Requested** |
| **Research Related** (e.g. travel to research plots): | $ | $ |
| **Non-Research Related** (i.e. professional meetings):  |
| FHB Forum:  | $ |
| Other Conferences/Meetings:  | $ |

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| **F.2. Foreign Travel (FT):** List below proposed trips individually and describe their purpose in relation to the grant. Also provide dates, destination, and number of travelers where known. Include total amount per sub category below and total amount requested for FT in column on the right. | **Total $ Requested** |
| **Research Related** (e.g. travel to research plots): | $ | $ |
| **Non-Research Related** (i.e. professional meetings):  | $ |

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| **G. Publications Costs/Page Charge:** Provide below an estimated number of papers, total pages, and total cost. | **Total $ Requested** |
|  | $ |

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| --- | --- |
| **G. Publications Costs/Page Charge:** Provide below an estimated number of papers, total pages, and total cost. | **Total $ Requested** |
|  | $ |

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| **H. Computer (ADPE) Services/Costs:** Provide below the type of service and total cost. | **Total $ Requested** |
|  | $ |

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| **I. Other Direct Costs (ODC):** Under each relevant sub category below, enter a brief description, and basis for the estimate (i.e. individual fee rate/price). Include total amount per sub category below next to ‘$’ and total amount requested for ODC in column on the right. | **Total $ Requested** |
|  **Equipment/Facility/Land Rental and User Fees**:  | $ | $ |
|  **Laboratory Animal Fees**:  | $ |
|  **Service/Maintenance Contracts**:  | $ |
|  **U.S.** **based Winter Nurseries**:  | $ |
|  **International Nurseries**:  | $ |
|  **Double Haploids**:  | $ |
|  **Other Analyses/Services:**  | $ |
|  **Communication (postage, shipping, fax, long distance phone)**:  | $ |
|  **Photocopying**:  | $ |
|  **Sub Contracts**:  | $ |
|  **Tuition Remission**:  | $ |
|  **Other** (describe): | $ |

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| **J. Indirect Costs (IDC):** Provide below your Institution’s approved Indirect Cost (IDC) rate for USWBSI/USDA-ARS grants. | **Total $ for IDC** |
|  | $ |

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| **M. Small Business Act – SBIR Fee:** The SBIR fee is a Congressional mandated fee charged to all ARS/USWBSI grants and is applicable to all non-ARS PIs. The rate for FY18-19 is 3.2% and will be applied at the time of award to the USWBSI’s recommended amount. The **Formula** for calculating the fee is below:Step 1 – Multiply the ‘Total Direct and Indirect Costs’ Amount (K) by the SBIR fee % (.032) Step 2 – Add the SBIR Fee Amount to the Total Amount for Direct and Indirect Costs to get the ‘Total Amount of this Request.’ | **SBIR Fee Amount** |
| Step 1: Step 2:  | $  |

**PROPOSED RESEARCH PROJECT BUDGET JUSTIFICATION FORM**

**Year 2**

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| **Title of Proposed Project:** |
| **Principal Investigator:** |
| **Total Amount Requested for Year 2 (FY19):** | **$**  |

**Instructions:** Complete all applicable sections below; description (left column) and requested amount (right column). If budget category is not applicable, either leave line item blank.

NOTE: All amounts **must** **be rounded** to the nearest whole number.

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| **A. Direct Labor (salaries and wages):** List below the number and titles of personnel, percentage of time/total hours to be devoted to the grant, and rates of pay. Please list according to category/subcategory and include the amount requested for each sub category (i.e. Post Doc, Research Technician, Undergraduate Students, etc.) below and the total amount requested for the category (PI/PD, Other Professional Personnel, Support Personnel) in column on the right. | **Total $ Requested per Category** |
| **PI(s)/PD(s):** | $ |
| **Other Professional Personnel** (Post Docs, Specialists (non-tenured faculty), and other administrative professionals): | $ |
| Post Doc: | $ |
| Other Administrative Professionals: | $ |
| **Support Personnel** (research technicians, students (graduate and undergraduate), and temporary employees): | $ |
| Research Technician(s): | $ |
| Graduate Student(s): | $ |
| Undergraduate Student(s): | $ |
| Temporary Employee(s): | $ |

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| **B. Fringe Benefits:** For each category of personnel, list below the fringe rates, etc. Include the amount requested for each subcategory (i.e. Post Doc, Research Technician, Undergraduate Students, etc.) below next to ‘$’ and the total amount requested for the category (PI/PD, Other Professional Personnel, Support Personnel) in column on the right. | **Total $ Requested per Category** |
| **PI(s)/PD(s):** | $ |
| **Other Professional Personnel** (Post Docs, Specialists (non-tenured faculty), and other administrative professionals): | $ |
| Post Doc: | $ |
| Other Administrative Professionals: | $ |
| **Support Personnel** (research technicians, students (graduate and undergraduate), and temporary employees): | $ |
| Research Technician(s): | $ |
| Graduate Student(s): | $ |
| Undergraduate Student(s): | $ |
| Temporary Employee(s): | $ |

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| **D. Nonexpendable Equipment:** List below equipment items, relevance to proposed research and dollar amounts. Include cost per item | **Total $ Requested** |
|  | $ |

|  |  |
| --- | --- |
| **E. Materials and Supplies (M/S):** Provide below as much detail and specificity as possible for all materials and supplies associated with proposed research. Materials and Supplies should be described in detail e.g., chemical reagents, computer paper and supplies, glassware, lumber, etc. under each sub category (Field, Greenhouse, Laboratory and Other). Include total amount per sub category below next to ‘$’ and total amount requested for M/S in column on the right (i.e. Total $ Requested). | **Total $ Requested** |
| **Field**:  | $ | $ |
| **Greenhouse**:  | $ |
| **Laboratory**:  | $ |
| **Other**:  | $ |

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| **F.1. Domestic Travel (DT):** List below proposed trips individually and describe their purpose in relation to the grant. Also provide dates, destination, and number of travelers where known. Include total amount per sub category below next to ‘$’and total amount requested for DT in column on the right. | **Total $ Requested** |
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| **Non-Research Related** (i.e. professional meetings):  |
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| Other Conferences/Meetings:  | $ |

|  |  |
| --- | --- |
| **F.2. Foreign Travel (FT):** List below proposed trips individually and describe their purpose in relation to the grant. Also provide dates, destination, and number of travelers where known. Include total amount per sub category below and total amount requested for FT in column on the right. | **Total $ Requested** |
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| **G. Publications Costs/Page Charge:** Provide below an estimated number of papers, total pages, and total cost. | **Total $ Requested** |
|  | $ |

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| --- | --- |
| **G. Publications Costs/Page Charge:** Provide below an estimated number of papers, total pages, and total cost. | **Total $ Requested** |
|  | $ |

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| **H. Computer (ADPE) Services/Costs:** Provide below the type of service and total cost. | **Total $ Requested** |
|  | $ |

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| --- | --- |
| **I. Other Direct Costs (ODC):** Under each relevant sub category below, enter a brief description, and basis for the estimate (i.e. individual fee rate/price). Include total amount per sub category below next to ‘$’ and total amount requested for ODC in column on the right. | **Total $ Requested** |
|  **Equipment/Facility/Land Rental and User Fees**:  | $ | $ |
|  **Laboratory Animal Fees**:  | $ |
|  **Service/Maintenance Contracts**:  | $ |
|  **U.S.** **based Winter Nurseries**:  | $ |
|  **International Nurseries**:  | $ |
|  **Double Haploids**:  | $ |
|  **Other Analyses/Services:**  | $ |
|  **Communication (postage, shipping, fax, long distance phone)**:  | $ |
|  **Photocopying**:  | $ |
|  **Sub Contracts**:  | $ |
|  **Tuition Remission**:  | $ |
|  **Other** (describe): | $ |

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|  | $ |

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| --- | --- |
| **M. Small Business Act – SBIR Fee:** The SBIR fee is a Congressional mandated fee charged to all ARS/USWBSI grants and is applicable to all non-ARS PIs. The rate for FY18-19 is 3.2% and will be applied at the time of award to the USWBSI’s recommended amount. The **Formula** for calculating the fee is below:Step 1 – Multiply the ‘Total Direct and Indirect Costs’ Amount (K) by the SBIR fee % (.032) Step 2 – Add the SBIR Fee Amount to the Total Amount for Direct and Indirect Costs to get the ‘Total Amount of this Request.’ | **SBIR Fee Amount** |
| Step 1: Step 2:  | $  |