

## 10 YEAR R&R SUBAWARD BUDGET ATTACHMENT(S) FORM

Instructions: On this form, you will attach the 10 Year R&R Subaward Budget files for your grant application. Complete the subawardee budget(s) in accordance with the 10 Year R&R budget instructions. Please remember that any files you attach must be a PDF document.

[Click here to extract the 10 Year R&R Subaward Budget Attachment](#)

Important: Please attach your subawardee budget file(s) with the file name of the subawardee organization. Each file name must be unique.

1) Please attach Attachment 1	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
2) Please attach Attachment 2	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
3) Please attach Attachment 3	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
4) Please attach Attachment 4	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
5) Please attach Attachment 5	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
6) Please attach Attachment 6	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
7) Please attach Attachment 7	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
8) Please attach Attachment 8	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
9) Please attach Attachment 9	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
10) Please attach Attachment 10	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
11) Please attach Attachment 11	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
12) Please attach Attachment 12	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
13) Please attach Attachment 13	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
14) Please attach Attachment 14	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
15) Please attach Attachment 15	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
16) Please attach Attachment 16	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
17) Please attach Attachment 17	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
18) Please attach Attachment 18	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
19) Please attach Attachment 19	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
20) Please attach Attachment 20	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
21) Please attach Attachment 21	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
22) Please attach Attachment 22	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
23) Please attach Attachment 23	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
24) Please attach Attachment 24	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
25) Please attach Attachment 25	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
26) Please attach Attachment 26	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
27) Please attach Attachment 27	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
28) Please attach Attachment 28	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
29) Please attach Attachment 29	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment
30) Please attach Attachment 30	<input type="text"/>	Add Attachment	Delete Attachment	View Attachment

**RESEARCH & RELATED BUDGET - Budget Period 1**

OMB Number: 4040-0001  
Expiration Date: 06/30/2011

\* ORGANIZATIONAL DUNS:  Enter name of Organization:

\* Budget Type:  Project  Subaward/Consortium Budget Period: 1 \* Start Date:  \* End Date:

**A. Senior/Key Person**

Prefix	* First	Middle	* Last	Suffix	Base Salary (\$)	Months			* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)
						Cal.	Acad.	Sum.			
<input type="text"/>	<input type="text"/>	<input type="text"/>									

\* Project Role:

Additional Senior Key Persons:     Total Funds requested for all Senior Key Persons in the attached file   
Total Senior/Key Person

**B. Other Personnel**

* Number of Personnel	* Project Role	Months			* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)	
		Cal.	Acad.	Sum.				
<input type="text"/>	Post Doctoral Associates	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Graduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Undergraduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	Secretarial/Clerical	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<b>Total Number Other Personnel</b>				<b>Total Other Personnel</b>		<input type="text"/>	
							<b>Total Salary, Wages and Fringe Benefits (A+B)</b>	<input type="text"/>

**C. Equipment Description**

List items and dollar amount for each item exceeding \$5,000

Equipment item	* Funds Requested (\$)
<input type="text"/>	<input type="text"/>

Additional Equipment:      
Total funds requested for all equipment listed in the attached file   
Total Equipment

**D. Travel****Funds Requested (\$)**

1. Domestic Travel Costs ( Incl. Canada, Mexico and U.S. Possessions)	
2. Foreign Travel Costs	
<b>Total Travel Cost</b>	

**E. Participant/Trainee Support Costs****Funds Requested (\$)**

1. Tuition/Fees/Health Insurance	
2. Stipends	
3. Travel	
4. Subsistence	
5. Other <input type="text"/>	
<input type="text"/> <b>Number of Participants/Trainees</b>	
<b>Total Participant/Trainee Support Costs</b>	

**F. Other Direct Costs****Funds Requested (\$)**

1. Materials and Supplies	
2. Publication Costs	
3. Consultant Services	
4. ADP/Computer Services	
5. Subawards/Consortium/Contractual Costs	
6. Equipment or Facility Rental/User Fees	
7. Alterations and Renovations	
8. <input type="text"/>	
9. <input type="text"/>	
10. <input type="text"/>	
<b>Total Other Direct Costs</b>	

**G. Direct Costs****Funds Requested (\$)****Total Direct Costs (A thru F)****H. Indirect Costs**

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total Indirect Costs</b>			<input type="text"/>

**Cognizant Federal Agency**  
 (Agency Name, POC Name, and  
 POC Phone Number)

**I. Total Direct and Indirect Costs**

Funds Requested (\$)

Total Direct and Indirect Institutional Costs (G + H)

**J. Fee**

Funds Requested (\$)

**K. \* Budget Justification**

(Only attach one file.)

Add Attachment

Delete Attachment

View Attachment

## RESEARCH & RELATED BUDGET - Cumulative Budget

Totals (\$)

<b>Section A, Senior/Key Person</b>		
<b>Section B, Other Personnel</b>		
Total Number Other Personnel		
<b>Total Salary, Wages and Fringe Benefits (A+B)</b>		
<b>Section C, Equipment</b>		
<b>Section D, Travel</b>		
1. Domestic		
2. Foreign		
<b>Section E, Participant/Trainee Support Costs</b>		
1. Tuition/Fees/Health Insurance		
2. Stipends		
3. Travel		
4. Subsistence		
5. Other		
6. Number of Participants/Trainees		
<b>Section F, Other Direct Costs</b>		
1. Materials and Supplies		
2. Publication Costs		
3. Consultant Services		
4. ADP/Computer Services		
5. Subawards/Consortium/Contractual Costs		
6. Equipment or Facility Rental/User Fees		
7. Alterations and Renovations		
8. Other 1		
9. Other 2		
10. Other 3		
<b>Section G, Direct Costs (A thru F)</b>		
<b>Section H, Indirect Costs</b>		
<b>Section I, Total Direct and Indirect Costs (G + H)</b>		
<b>Section J, Fee</b>		