**DISCLAIMER: This is a sample template only for NIH Detailed Budget Applications and follows the** [**SF424 R&R Forms Version I**](https://grants.nih.gov/grants/how-to-apply-application-guide/forms-i/general-forms-i.pdf)**. Detailed R&R budget should be used when requesting applying for more than $250,000 per budget period in direct costs less consortium F&A. If any of these sections are not included in your budget, please delete header or describe as “N/A”.**

*Disclaimer above and purple text is for informational purposes only and should be deleted prior to converting final file to PDF.*

**Budget Justification – Louisiana State University**

1. **Senior/Key Personnel**

*(For senior personnel, include names, person months, and description of the person’s role* *on the project)*

*Dr. XXX, Principal Investigator*: Funding is requested in the amount of $XXXX to cover XXX month of academic/summer/calendar salary for Dr. XXX for each year of the project. Dr. XXX will…

Fringe benefits for regular employees are calculated at our federally negotiated rate of 44% of requested salary at Louisiana State University for each year of the project.

1. **Other Personnel**

*(For other personnel, include names, person months, and description of the role on the project)*

*TBD, Postdoctoral Researcher:* $XXXX is requested for a postdoctoral researcher for XX academic/summer/calendar months. He/She will be responsible for the following…

*TBD, Graduate Student*: Funds are requested for one graduate student in the amount of $XXXX for XX academic/summer/calendar months. The graduate student will…

Fringe benefits for regular employees are calculated at our federally negotiated rate of 44% of requested salary at Louisiana State University for each year of the project.

Fringe benefits for graduate assistants are included for the university’s portion of health insurance of [insert $2162 for calendar, $1730 for academic or $432 for summer] per year.

1. **Equipment Description**

*(Equipment is defined as an item or property that has an acquisition cost of $5,000 or more and an expected service life of more than 1 year. List each item of equipment separately and justify each.)*

$XXXX is requested to purchase… for this project.

# Travel

1. Domestic:

*(Include the purpose, destination, dates of travel (if known), and the number of individuals for each trip. If the dates of travel are not known, specify the estimated length of trip (e.g., 3 days)).*

Funds in the amount of $XXXX are requested each year for project personnel to attend….

[SAMPLE:

The total each year includes estimated airfare ($600; $600 x 1 people x 1 trips), hotel stay ($720; $180 x 1 people x 4 days), per diem allowance ($244; $61 x 1 people x 4 days), and miscellaneous incidentals ($436).]

1. Foreign:

*(Include the purpose, destination, dates of travel (if known), and the number of individuals for each trip. If the dates of travel are not known, specify the estimated length of trip (e.g., 3 days)).*

Funds in the amount of $XXXX are requested each year for project personnel to attend …

Funds will be used for airfare, lodging, conference registration, meals, per diems, etc.

1. **Participant/Trainee Support Costs**

*(NIH applicants should skip this section unless specifically stated in the FOA.)*

1. **Other Direct Costs**

*(Only include what is requested from the following items)*

* 1. Materials and Supplies:

*(If applicable, indicate general categories such as glassware, chemicals, animal costs, etc., including an amount for each category. Categories with amounts < $1,000 are not required to be itemized).*

$XXXX is requested to purchase …

* 1. Publication Costs:

$XXXX is requested for the costs of …

* 1. Consultant Services:

*(If applicable, for each consultant listed include the services he/she will perform, total number of days, travel costs, and the total estimated costs. As applicable, include names and organizational affiliations other than those involved in the consortium/contractual arrangements, consulting physicians in connection with patient care, and persons who are confirmed to serve on external monitoring boards/advisory committees.)*

Funds are requested in support of consultant services. XXXX will perform … for a total of XX days, inclusive of travel costs of $XXXX, for a total estimate of $XXXX requested funds.

* 1. ADP/Computer Services:

*(If applicable, include the established computer service rates at the proposing organization)*

$XXXX is requested in support of ADP/computer services consisting of …, based on a rate of XX per XX

* 1. Subawards/Consortium/Contractual Costs

*(If applicable, Include the total funds requested (direct and indirect costs) for all subaward/consortium organizations proposed)*

XXX will participate as a subrecipient for which $XXXX is requested in year(s) # and #.

* 1. Equipment or Facility Rental/User Fees:

(*If applicable, identify and justify each equipment or facility rental/user fees.)*

$XXXX total funds are requested for …

* 1. Alterations and Renovations:

*(If applicable, itemize by category and justify the costs of alterations and renovations, including repairs, painting, and removal or installation of partitions, shielding, or air conditioning. Where applicable, provide the square footage and costs).*

$XXXX is requested for … or N/A

* 1. Tuition Remission:

Tuition remission is requested for the graduate students for each year of the project. The amount is calculated at a rate of 38% of the total amount requested for the graduate students.

* 1. Data Management and Sharing Costs:

*(If a Data Management and Sharing Plan is required in the proposed application (see instructions for the "Other Plan(s)" attachment on the PHS 398 Research Plan Form and the PHS 398 Career Development Award Supplemental Form, as applicable), include a brief justification of the proposed activities that will incur costs. The Data Management and Sharing justification must be clearly labeled as "Data Management and Sharing Justification" in the within the budget justification attachment. Provide a brief summary of type and amount of scientific data to be preserved and shared and the name of the established repository(ies) where they will be preserved and shared. Indicate general cost categories such as curating data and developing supporting documentation, local data management activities, preserving and sharing data through established repositories, etc., including an amount for each category and a brief explanation. Specify in the justification if no costs will be incurred for Data Management and Sharing, if applicable. The recommended length of the justification should be no more than half a page. For more information, see* [*Budgeting for Data Management & Sharing*](https://sharing.nih.gov/data-management-and-sharing-policy/planning-and-budgeting-DMS/budgeting-for-data-management-sharing) *on the NIH Scientific Data Sharing website and additional details to help* [*Develop Your Budget*](https://grants.nih.gov/grants/how-to-apply-application-guide/format-and-write/develop-your-budget.htm)*.)*

# Total Direct Costs

The total direct costs for all years are $XXXX.

# Indirect Costs

Indirect costs are calculated at LSU’s federally negotiated rate of 50% MTDC.

# Total Direct and Indirect Costs

Total Direct and Indirect Costs are $XXXX.