

DETAILED BUDGET FOR GRANT PERIOD (DIRECT COSTS ONLY)

STARTING _____ ENDING _____

APPLICANT NAME _____

RESEARCH TITLE _____

Budget and Budget Justification – Complete this form for the period covered by a ZOLL Foundation grant. Itemize budget items under each category. Include the cost per line as well as a subtotal for each of the two sections. Please use U.S. dollars.

If you have more detailed explanations you'd like to include that don't fit within the template, please add those on a separate page below the budget.

PERSONNEL BUDGET

| PERSONNEL | | TYPE APPT. <i>(months)</i> | % EFFORT ON PROJ. | INST BASE SALARY | US DOLLAR AMOUNT REQUESTED <i>(omit cents)</i> | | |
|--------------------------|-----------------|-------------------------------|-------------------|------------------|---|-----------------|--------|
| NAME | ROLE ON PROJECT | | | | SALARY REQUESTED | FRINGE BENEFITS | TOTALS |
| John Smith (Example) | PI | 12 | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| PERSONNEL TOTAL → | | | | | | | |

MATERIALS AND SUPPLIES BUDGET (Please itemize under each sub-heading and subtotal.)

| Category | Cost (in US \$) |
|------------------|-----------------|
| Animals and Care | |
| | |
| | |
| | |
| Subtotal: | |

| | |
|--|--|
| Laboratory, Testing, Imaging, Immunology | |
| | |
| | |
| | |
| Subtotal: | |
| Chemicals, Reagents | |
| | |
| | |
| | |
| Subtotal: | |
| Subjects Costs or Compensation | |
| | |
| | |
| | |
| Subtotal: | |
| Data Management, Analysis | |
| | |
| | |
| | |
| Subtotal: | |
| Travel (only allowed to execute research) | |
| | |
| | |
| | |
| Subtotal: | |
| Other | |
| | |
| | |
| | |
| Subtotal: | |
| | |
| MATERIALS & SUPPLIES TOTAL: | |

TOTAL MATERIALS & SUPPLIES + PERSONNEL (TOTAL RESEARCH BUDGET) _____

Please note that these costs are not covered by a grant: Indirect costs/overhead, publication costs, equipment, and most travel.