**COLLEGE OF NURSING – OFFICE OF HEALTH RESEARCH BUDGET PREPARATION WORKSHEET**

**INVESTIGATOR INFORMATION**

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| --- | --- |
| **PI Name:** | **Today’s Date:** |
| **Grant Title:** | **New? Resubmittal? #1 #2**  **Non-competing renewal?** |
| **Funding Agency:** |
| **RFA/RFP/PA#:** | **Submission Deadline:** |

**DETAILED BUDGET INFORMATION**

There are six major categories of expenses. Please read the descriptions of the categories before deciding which funds go into which category. Each category has a table below into which you should enter information about funds you are requesting for that category. If you are not requesting funds for a specific category, enter N/A into the table for that category.

***Personnel*** includes salaries or wages, including fringe benefits, for positions that are necessary for the successful operation of this project (e.g., Project Director, Statistician, Data Manager/Entry, Lab Tech, Phlebotomist, RA, GRA). Additional positions can be entered on a separate sheet.

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| --- | --- | --- | --- | --- | --- |
| **Position** | **% FTE** | **Base Salary** | **Requested Salary** | **Fringes** | **Total** |
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***Equipment*** includes the cost of renting or purchasing equipment you will use to complete the project. Any type of equipment (useful life of more than 1 year; cost more than $5,000) should be included in this category.

Additional items can be entered on a separate sheet.

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| --- | --- | --- |
| **Equipment Items** | **Description and Cost Calculations** | **Total** |
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|  |  |  |

PI:

Title:

Due:

***Consultants/Contractors*** includes people or organizations who do not work for WSU and who will provide services and receive money from this grant to work on the proposed project.

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| --- | --- | --- |
| **Name of Individual/Organization** | **Services to be Provided and Cost Calculations** | **Total** |
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***Supplies*** includes all types of supplies you will use to complete the project. These may be expendable office supplies or other types of supplies (e.g., lab supplies, meeting supplies, marketing items such as pens, totes, etc.). Additional supplies can be entered on a separate sheet.

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| --- | --- | --- |
| **Supply Items** | **Description and Cost Calculations** | **Total** |
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***Travel*** includes the cost of travel for people from your own organization, clients or others that will be used to complete the project. This includes airfare, mileage reimbursement, hotels, meals while traveling and other- related expenses. Additional items can be entered on a separate sheet.

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| --- | --- | --- |
| **Type of Travel** | **Description and Cost Calculations** | **Total** |
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***Other*** includes anything that does not fit into one of the five categories above. Be sure to describe what the expense is for. This could include costs for telephone, printing, space rental, etc. Additional items can be entered on a separate sheet.

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| --- | --- | --- |
| **Items** | **Description and Cost Calculations** | **Total** |
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