**BUDGET JUSTIFICATION**

**PERSONNEL**

**First Name Last Name, Ph.D.,** Principal Investigator (XX calendar months). Dr. XX is a *(provide title and detail on expertise such as number of years of continuous NIH funding, number of publications, number of years in the field)*. He/She will be responsible for the direction of the entire project, including design and conduct of experiments, data analysis, and manuscript preparation. Dr. XX will *(provide detail about role on project)*.

**First Name Last Name, Ph.D.,** Co-Investigator (XX calendar months). Dr. XX is a *(provide title and detail on expertise)*. He/She will work closely with the PI to *(provide detail about role on project, including any project personnel they will specifically oversee)*.

**First Name Last Name, Ph.D.,** Lab Technician (XX calendar months). The Lab Technician, under the supervision of the PI and/or Co-I, will be responsible for *(provide detail about role on project)*.

**First Name Last Name, Ph.D.,** Graduate Student (XX calendar months). The Graduate Student, under the supervision of the PI and/or Co-I, will be responsible for *(provide detail about role on project)*.

**Fringe benefits** are calculated at 30.3% for faculty and postdocs, 39% for staff, 50.7% for support personnel, and 1.6% for OPS employees, in accordance with FAU’s institutional policy as well as the approved rate on the signed DHHS rate agreement.

**EQUIPMENT**

$XX is requested to purchase *(type of equipment, use, and why it is essential to this project)*.

**TRAVEL**

$XX per year is requested for the PI *(and/or other project personnel)* to attend one meeting per year to present research results. *(If there are specific conferences, list here)*

**PARTICIPANT SUPPORT COSTS**

**Study Visits**

$XX is requested for study-related patient costs. XX subjects will be enrolled. Each will require *(provide detail about testing or visits required for each patient)*. Costs per patient are estimated at $XX per visit. XX *(# patients)* x $XX *(cost per visit)* = $XX *(budget request).*

**Stipends**

$XX is requested for participant stipends. Each patient will receive a $XX gift card for each study visit to encourage participation and offset travel costs. XX *(# patients)* x $XX *(gift card amount)* = $XX *(budget request).*

**OTHER DIRECT COSTS**

**Supplies**

$XX is requested to purchase materials and supplies needed for the project, including: *(describe supplies in detail, such as specific antibodies, compounds, arrays, etc.)*

**Publications**

$XX per year is requested toward the cost of publishing the results in peer-reviewed scientific journals.

**Consultant**

$XX is requested for Dr. XX to serve as a XX consultant. He/She has XX years’ experience in *(provide detail about their experience relevant to the project)*. They will work on this provide support at a rate of $XX per hour for XX hours.

**Subaward**

Subaward to ABC University for years 1-5. Investigators will *(briefly describe the work taking place at the sub institution)*. Costs are detailed in the subaward budget. $XX in Year 1, $XX in Year 2, $XX in Year 3. justification.

**Core Fees**

$XX is requested for the use of the *cell* *imaging/histology/biostatistics* core. *Describe what services the core will provide for the project.* Costs are estimated at $XX per hour for an estimated XX hours.

**Animal Costs**

$XX is requested per year to purchase mice. We will need to purchase XX *(number and type)* mice for the project. Cost is estimated at $XX per mouse, including shipping charges.

**Vivarium Expenses**

$XX per year is requested for vivarium expenses including veterinary care, housing, breeding, euthanasia and disposal. To house XX *(number and type)* mice, we will need at least XX cages for XX days/weeks. $XX *(comparative medicine fee)* x XX *(number of cages)* x XX *(number of days)* = $XX *(budget request)*.

**IRB Fees**

$XX is requested for the cost of IRB fees for new protocol submission, PI review, amendments, and closeout.

**Data Management Sharing Plan**

No funds are requested as there is no projected cost associated with the data management and sharing plan.

***Total* Data Management Sharing Plan *Costs: $0***

**INDIRECT COSTS**

Indirect costs are calculated based on MTDC at FAU's negotiated rate of 52.5% for the duration of the project period proposed.