NIH Budget Justification Template

Modular Budget Format

NIH uses a modular budget format to request up to a total of $250,000 of direct costs per year (in modules of $25,000, excluding consortium F&A costs) for some applications, rather than requiring a full detailed budget. The modular budget format is not accepted for SBIR and STTR grant applications. A modular budget justification should include:

* *Personnel Justification:*The Personnel Justification should include the name, role, and number of person-months devoted to this project for every person on the project. Do not include salary and fringe benefit rate in the justification.
* *Consortium Justification:*If you have a consortium/subcontract, include the total costs (direct costs plus F&A costs), rounded to the nearest $1,000, for each consortium/subcontract. Additionally, any personnel should include their roles and person months; if the consortium is foreign, that should be stated as well.
* *Additional Narrative Justification:*Additional justification should include explanations for any variations in the number of modules requested annually. Also, this section should describe any direct costs that were excluded from the total direct costs (such as equipment, tuition remission) and any work being conducted off-site, especially if it involves a foreign study site or an off-site F&A rate.

Detailed Budget Format

Project Title: (INSERT TITLE)  
Project Period: (INSERT PERIOD OF PERFORMANCE)

BUDGET JUSTIFICATION

1. SENIOR/KEY PERSONNEL (EFFORT IN PERSON MONTHS):
   1. Principal Investigator (INSERT PI NAME) The Principal Investigator will be responsible for (ADD DESCRIPTION OF RESPONSIBILITIES).
   2. Co-Principal Investigator (INSERT CO-PI NAME). The Co-PI, will be responsible for conducting the experiments described in the proposal, (ADD DESCRIPTION OF RESPONSIBILITIES).
2. OTHER PERSONNEL:
   1. Postdoctoral Researchers (ADD NAME(S)), (# of post docs) (EFFORT IN PERSON MONTHS). He/she will be responsible for (ADD DESCRIPTION OF RESPONSIBILITIES).
   2. Graduate Student Researcher (ADD NAME(S)), (# of GS’s) (EFFORT IN PERSON MONTHS). He/she will (ADD DESCRIPTION OF RESPONSIBILITIES).
   3. Undergraduate Students (ADD NAME(S)), (# of GS’s) (EFFORT IN PERSON MONTHS). He/she will (ADD DESCRIPTION OF RESPONSIBILITIES).
   4. Secretarial/Clerical (ADD NAME(S)), (# of GS’s) (EFFORT IN PERSON MONTHS). He/she will (ADD DESCRIPTION OF RESPONSIBILITIES).

*(EXPLAIN ANY INCREASES IN SALARY FOR OUTGOING YEARS)*Harvard Universities Fringe Benefit Rates have been reviewed and federally approved by the Department of Health and Human Services (DHHS) on (INSERT DATE) List rates. <https://osp.finance.harvard.edu/fy2021-fringe-benefits-rates>

1. EQUIPMENT:  
   (LIST ALL EQUIPMENT) (PRICE OF EQUIPMENT) (MENTION ANY ATTACHED QUOTES) (JUSTIFY PURCHASE)
2. TRAVEL:
   1. Domestic: A travel budget of $\_\_\_ ($\_\_/year) is requested for [INSERT POTENTIAL CONFERENCES]. [PROVIDE EXAMPLE CITIES FOR CONFERENCE LOCATION]. The amount includes airfare, meals/lodging, ground transportation, and registration fees. Estimated breakdown of costs are as follows:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Category | Days | Rate | # of Personnel | Total |
| Flight |  | $ |  | $ |
| Meals |  | $ |  | $ |
| Hotel |  | $ |  | $ |
| Ground Transportation |  | $ |  | $ |
| Registration |  |  |  | $ |
| Total |  |  |  | $ |

* 1. Foreign: A travel budget of $\_\_\_ ($\_\_/year) is requested for [INSERT POTENTIAL CONFERENCES]. [PROVIDE EXAMPLE CITIES FOR CONFERENCE LOCATION]. The amount includes airfare, meals/lodging, ground transportation, and registration fees. Estimated breakdown of costs are as follows:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Category | Days | Rate | # of Personnel | Total |
| Flight |  | $ |  | $ |
| Meals |  | $ |  | $ |
| Hotel |  | $ |  | $ |
| Ground Transportation |  | $ |  | $ |
| Registration |  |  |  | $ |
| Total |  |  |  | $ |

1. PARTICIPANT SUPPORT COSTS:

[List # of participants] [costs for items such as stipends or subsistence allowances, travel allowances, and registration fees paid to or on behalf of participants or trainees (but not employees)

1. OTHER DIRECT COSTS
   1. Materials and Supplies: (LIST ITEMS AND THEIR COST, BEING PURCHASED TO COMPLETE THE SCOPE OF WORK)
   2. Publication Costs: (LIST COSTS NECESSARY TO PUBLISH IN RELATION TO THIS PROJECT)
   3. Consultant Services: (LIST THE NAME OF THE CONSULTANT) (COST PER DAY) (SERVICES PROVIDED)
   4. ADP/Computer Services: (LIST ITEMS AND COSTS FOR EACH)
   5. Subawards/Consortium/Contractual Costs: [LIST THE SUBAWARD INSTITUTION NAMES AND BUDGETED TOTALS) (DESCRIBE THE INSTITUTIONS ROLE IN THE PROJECT, BRIEFLY)
   6. Equipment or Facility Rental/User Fees: (IDENTIFY AND QUANTIFY THE AMOUNT/RATE)
   7. Alterations and Renovations: (ITEMIZE AND QUANTIFY EACH)

1. DIRECT COSTS:
   1. (LIST TOTAL DIRECT COST AMOUNT)
2. INDIRECT COSTS  
   Indirect costs are based on University negotiated rates with the cognizant federal authority and are applied at a rate of (INSERT RATE) for the entire project period using the modified total direct cost (MTDC) rate agreement dated (INSERT DATE). Modified total direct costs exclude equipment, capital expenditures, student tuition remission, participant support costs. Harvard only takes indirect costs on the first $25,000 on each subaward.
3. TOTAL DIRECT AND INDIRECT COSTS:

(LIST TOTAL COST AMOUNT)