UAB INTERNAL FEDERAL BUDGET FORM

OSP Number					
PD/PI Name		Budget Period From:		To:	

PERSONNEL

List UAB personnel only. Use calendar, academic, or summer to enter months devoted to the project. Enter the dollar amounts requested (omit cents) for salary requested and fringe benefits.

FULL NAME	ROLE ON PROJECT	CAL. MNTHS	ACAD. MNTHS	SUMM. MNTHS	BASE SALARY	SALARY REQ.	FRINGE BEN.	TOTAL
	PD/PI							$ 0
								$ 0
								$ 0
								$ 0
								$ 0
								$ 0
								$ 0
SUBTOTAL →						$ 0	$ 0	$ 0

NON-PERSONNEL

Please list other costs as indicated: Itemize equipment for unit costs of $5,000 or greater. Itemize supplies by supply category. Itemize consortium/contractual costs by name and total for each.

CONSULTANTS		+	
EQUIPMENT		-	
SUPPLIES		+	
TRAVEL		+	
PATIENT CARE		-	

CONSORTIUM / CONTRACTUAL / SUBAWARD COSTS — Check the box if it is a new subaward. Indirect costs on subawards must be calculated separately.

New?	Institution Name	Total	New?	Institution Name	Total	
☐			☐			Total [-]
☐			☐			
☐			☐			

TUITION		-	
OTHER EXPENSES		+	

TOTALS

Calculated totals may be overwritten by OSP, if needed.

SUBTOTAL DIRECT COSTS	
TOTAL OF EQUIPMENT, PATIENT CARE, TUITION, SUBAWARDS	
MODIFIED TOTAL DIRECT COSTS	
INDIRECT COST / F&A RATE (%) →	48.5%
TOTAL OF INDIRECT COST ON FIRST $25K OF EACH SUBAWARD	
SUBTOTAL INDIRECT COSTS	
GRAND TOTAL COSTS (DIRECT + INDIRECT)	

Refresh Totals

Clear Form