

Annotated NIH Detailed Budget and Checklist

- **Form Page 4: Detailed Budget** should be completed by **both** the primary applicant organization **and** any subcontract organizations.
- The **Checklist Form Page** should be completed **only** by the primary applicant organization.
- **MassAITC applicants:** Budget format varies for MassAITC; please follow budget directions provided directly by the AITC.

Program Director/Principal Investigator (Last, First, Middle):

DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY						FROM	THROUGH	
<small>List PERSONNEL (Applicant organization only) Use Cal, Acad, or Summer to Enter Months Devoted to Project Enter Dollar Amounts Requested (omit cents) for Salary Requested and Fringe Benefits</small>								
NAME	ROLE ON PROJECT	Cal. Mnths	Acad. Mnths	Summer Mnths	INST.BASE SALARY	SALARY REQUESTED	FRINGE BENEFITS	TOTAL
	PD/PI							0
								0
								0
								0
								0
								0
								0
SUBTOTALS						0	0	0
CONSULTANT COSTS								
EQUIPMENT (Itemize)								
SUPPLIES (Itemize by category)								
TRAVEL								
INPATIENT CARE COSTS								
OUTPATIENT CARE COSTS								
ALTERATIONS AND RENOVATIONS (Itemize by category)								
OTHER EXPENSES (Itemize by category)								
CONSORTIUM/CONTRACTUAL COSTS						DIRECT COSTS		
SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD (Item 7a, Face Page)						\$ 0		
CONSORTIUM/CONTRACTUAL COSTS						FACILITIES AND ADMINISTRATIVE COSTS		
TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD						\$ 0		

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Items listed on this page must have a corresponding justification in the required Budget Justification (separate PDF upload).

The PD/PI's effort is generally 50% or less.

NIH defines a consultant as an individual who provides professional advice or services for a fee, but normally not as an employee. See [NIH guidelines](#) for developing your budget for additional definitions and resources relevant to this form.

Budget should include travel and lodging costs to attend a2 National Symposium (spring 2026, Washington, DC).

Use this line to indicate costs for any subcontracts in which the subcontractor will conduct essential scientific work for the project. Subcontracts or subawards require separate detailed budget & budget justification.

This refers to F&A costs for subcontracts and subawards.

Program Director/Principal Investigator (Last, First, Middle): _____

CHECKLIST

TYPE OF APPLICATION (Check all that apply)

☐ NEW application. (This application is being submitted to the PHS for the first time.)

☐ RESUBMISSION of application number: _____
(This application replaces a prior unfunded version of a new, renewal, or revision application.)

☐ RENEWAL of grant number: _____
(This application is to extend a funded grant beyond its current project period.)

☐ REVISION to grant number: _____
(This application is for additional funds to supplement a currently funded grant.)

☐ CHANGE of program director/principal investigator.

Name of former program director/principal investigator: _____

☐ CHANGE of Grantee Institution. Name of former institution: _____

☐ FOREIGN application ☐ Domestic Grant with foreign involvement List Country(ies) Involved: _____

INVENTIONS AND PATENTS (Renewal appl. only) ☐ No ☐ Yes

If "Yes," ☐ Previously reported ☐ Not previously reported

1. PROGRAM INCOME (See instructions.)

All applications must indicate whether program income is anticipated during the period(s) for which grant support is request. If program income is anticipated, use the format below to reflect the amount and source(s).

Budget Period	Anticipated Amount	Source(s)

2. ASSURANCES/CERTIFICATIONS (See instructions.)

In signing the application Face Page, the authorized organizational representative agrees to comply with the policies, assurances and/or certifications listed in the application instructions when applicable. Descriptions of individual assurances/certifications are provided in the [NIH Grants Policy Statement, Section 4: Public Policy Requirements, Objectives and Other Appropriation Mandates](#). If unable to certify compliance, where applicable, provide an explanation and place it after this page.

3. FACILITIES AND ADMINISTRATIVE COSTS (F&A)/ INDIRECT COSTS. See specific instructions.

☐ HHS Agreement dated: _____ ☐ No Facilities And Administrative Costs Requested.

☐ HHS Agreement being negotiated with _____ Regional Office.

☐ No HHS Agreement, but rate established with _____ Date _____

CALCULATION* (The entire grant application, including the Checklist, will be reproduced and provided to peer reviewers as confidential information.)

a. Initial budget period:	Amount of base \$	x Rate applied	0.00%	% = F&A costs	\$	0.00
b. 02 year	Amount of base \$	x Rate applied	0.00%	% = F&A costs	\$	0.00
c. 03 year	Amount of base \$	x Rate applied	0.00%	% = F&A costs	\$	0.00
d. 04 year	Amount of base \$	x Rate applied	0.00%	% = F&A costs	\$	0.00
e. 05 year	Amount of base \$	x Rate applied	0.00%	% = F&A costs	\$	0.00

Enter Rate above as a decimal (e.g., 0.25 for 25%, 0.495 for 49.5%) TOTAL F&A Costs \$ 0.00

*Check appropriate box(es):

☐ Salary and wages base ☐ Modified total direct cost base ☐ Other base (Explain)

☐ Off-site, other special rate, or more than one rate involved (Explain)

Explanation (Attach separate sheet, if necessary):

The de minimis F&A rate must be 10% if your institution or organization does not have an established F&A rate with NIH.

Only complete the initial budget period fields.