**General Budget Justification Template (refer** [**here**](http://ospa.siu.edu/apply/budget-preparation/categories.php) **for assistance)**

*Delete instructions after completion of the template*

**Personnel:** *(faculty, researchers, post docs, extra-help, etc.)*

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| Click here to enter text, when finished delete below instructions. |

List Professional Staff requesting salary support, including their effort and # of month salary will be paid from the grant. In addition describe each person’s role in the project.

*Example: Dr. [insert name], PI, will serve as Project Director and will oversee the entire project. Additionally s/he will do [insert project tasks] for the project. S/he will devote [#] [summer, academic, calendar] months effort in years X-X. Salaries are increased by X % annually, subject to Board of Trustees approval.*

**Student Personnel:** *(graduate/undergraduate students)*

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| Click here to enter text, when finished delete below instructions. |

List Student Personnel requesting salary support, number of months, appointment/hours, School, and their role on the project.

*Example: Funding is requested to support [insert number] [enter effort amount] Graduate Student(s) in years X-X. The Graduate Student(s) will work on [insert description]. Salaries are increased by X% annually.*

**Fringe Benefits:** *modify below language as appropriate*

Fringe benefits are requested at the proposed rate of 48.4% (FY24) and 53% (FY25) for professional staff plus a 1% escalation each FY, 1.5% for emeritus staff, and 7.7% for extra-help positions. Fringe benefits are requested at the rate of 37.5% for post-docs. Fringe benefits for graduate students are requested at 50% of the student medical fee as required by their contract. Fringe benefits are not requested for undergraduate students. Fringe benefits are requested based on the rates submitted to DHHS on February 20, 2024 (FY24) and March 29, 2024 (FY25). Upon receipt of the final fringe benefit rate agreements and funding of this proposal, fringe benefits will be charged at the approved rate.

**Equipment:** *(Federal: one item costing $5,000+; State $500+; other – check guidelines)*

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| Click here to enter text, when finished delete below example. |

*In Year X, funds are requested for the purchase of [insert name of equipment]. This equipment is necessary for [insert why the equipment is needed to complete the scope of work]. A vendor quote is included in the proposal\*.*

*\*Include quote language if required by the sponsor.*

**Travel:** *(refer to travel reimbursement for estimates* [***here***](http://as.siu.edu/_common/documents/travel/reimbursement.pdf)*)*

*Enter a justification for both domestic and foreign travel, if no travel funds are requested enter n/a.*

*Example: Domestic travel is requested for the [insert travelers – Ex: PI and Graduate Students] to attend conferences such as [conference name] in [insert location if known] for [#] persons. Costs include registration ($X.XX), airfare ($X.XX), ground transportation ($X.XX), lodging* (*$X.XX per night for [1#] nights), and meals ($X.XX for [3] days) per person. Attendance at this conference will benefit the project by [insert project specific information].*

*Funds are also requested to cover mileage to travel to [insert location] for [insert reason – Ex: field work, collaboration] and is calculated as follows: From [list first location] to [list second location], [#] miles one way @ [$X.XX]mile X [#] days x 2 (round trip) = $X.XX*

*Domestic:*

Click here to enter text.

*Foreign:*

Click here to enter text.

**Commodities:**  *(materials/supplies)*

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| Click here to enter text, when finished delete below instructions. |

*Indicate the general types of expendable materials and supplies required and why they are necessary to complete the scope of work.*

**Other Direct Costs:** *(e.g. software, printing, analyses, participant payments, consultants, etc.)*

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| Click here to enter text, when finished delete below instructions |

*Indicate any other direct costs not specified above. Such costs must be itemized and detailed. In the case of consultants, anticipated services must be justified and information furnished on each individual’s expertise, primary organization affiliation, normal daily compensation rate, and number of days of expected service.*

**Subawards:** *(For subawards, please refer* [***here***](http://ospa.siu.edu/apply/subawards.html) *for information)*

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| Click here to enter text. |

**Indirect Costs:** *modify the below language as appropriate and in consultation with OSPA*

*Select the language below that applies to your project and delete the language that does not apply:*

Southern Illinois University Carbondale’s (SIUC) predetermined rate of [X%] was used. SIUC’s Facilities and Administrative (F&A) rates are approved by the Department of Health and Human Services. The distribution base for the F&A rate is modified total direct costs (MTDC).