# OVERVIEW OF INSTRUCTIONS

The Larry L. Hillblom Foundation (LLHF) recognizes that many applicants and their contract/grant offices will have familiarity with the NIH grant application forms and procedures, and the LLHF application forms are closely modeled on the NIH PHS 398 forms

.

* **Step 1:** Complete the Budget Form, Page 1 which reflects the total costs requested for the initial (first 12 months) budget period.
* **Step 2:** Complete the Budget Form, Pages 2 & 3, which reflects the following:
  1. Total costs for the entire project period.
  2. A detailed budget narrative and budget justification (use a maximum of 3 additional pages for the justification).
  3. A list of all active and pending funding for the applicant of this Fellowship grant. Please provide a copy of the "specific aims" page for all active or pending grant support; indicate any overlap and explain how this will be resolved if this grant is funded (use continuation pages as needed)..

**Additional Notes**

* **Maximum Funding:** Maximum funding is $65,000 per year, for up to 3 years, subject annual Foundation approval. Applications with budgets exceeding the specified maximums will not be considered.
* **Indirect Costs:** If indirect costs are applied by the Host Institution, the maximum allowed each year is 10% of the annual LLHF grant or $6,500 per year and these costs should be budgeted as part of the total award for that year.
* **Restrictions:** Restrictions to the Fellowship Grant budget are as follows:
  1. Personnel costs are restricted to the fellowship applicant.
  2. Maximum of $5,000 per year for equipment (must be itemized).
  3. Maximum of $2,500 per year on travel (including mandatory attendance to the Annual Hillblom Foundation Scientific Meeting).
  4. Supply costs are not allowed.

# HOW TO COMPLETE THE BUDGET FORM PAGE 1: DETAILED BUDGET FOR INITIAL BUDGET PERIOD

**Each type of LLHF grant has specific budget restrictions and requirements. Where there are differences between the grant restrictions and these Budget Form Instructions, the restrictions for the grant take precedence.** Each item listed on Budget Page 1 must be clearly justified in the budget narrative. List only the direct costs requested in this application. Do not include any specific items that are treated by the applicant organization as Facilities and Administrative (F&A) costs according to a Federal rate negotiation agreement.

## PERSONNEL

* **Name -** Starting with the principal investigator, list the names of all applicant organization employees who are involved on the project during the initial budget period, regardless of whether a salary is requested. Include all collaborating investigators, individuals in training, and support staff.
* **Role on Project -** Identify the role of each individual listed on the project. Describe their specific functions in the budget narrative. Provide budget narrative for ALL personnel by position, role, and level of effort. This includes any “to-be-appointed” positions.
* **Type of Appointment/Months -** List the number of months per year reflected in an individual’s contractual appointment to the applicant organization. Unless otherwise noted, LLHF staff assume that appointments at the applicant organization represent 12 months/100 percent time for each individual. If an appointment is less than full time, e.g., 50 percent time (i.e., 6 months), identify with an asterisk (\*) and provide a full explanation in the budget narrative. Individuals may have consecutive appointments within a calendar year, for example for an academic period and a summer period. In this case, for each appointment, identify and enter the number of months on separate lines. In cases where no contractual appointment exists with the applicant organization and salary is requested, enter the number of months for the requested period.
* **Percent of Effort on Project -** For each individual at the applicant organization, list the percent of full-time effort to be spent on this project.
* **Institutional Base Salary -** For each individual at the applicant organization, list the institutional base salary for the initial budget period.
* **Salary Requested -** Enter the dollar amounts for each position for which funds are requested. The salary requested is calculated by multiplying the individual’s institutional base salary by the percent of effort on this project. Explain in the budget narrative if a lesser amount is requested (e.g., endowed position or institutional sources).
* **Fringe Benefits -** Fringe benefits may be requested in accordance with institutional guidelines for each position, provided the costs are treated consistently by the applicant organization as a direct cost to all sponsors.
* **Totals -** Calculate the totals for each position and enter the subtotals in each column where indicated.

## EQUIPMENT

List each item of equipment with amount requested separately and justify each purchase in the budget narrative.

## TRAVEL

Itemize travel requests and justify in the budget narrative. Provide the purpose and destination of each trip and the number of individuals for whom funds are requested.

## OTHER EXPENSES

Itemize any other expenses by category and unit cost. These might include animal maintenance (unit care costs and number of care days), patient travel, patient participation incentives, donor fees, publication costs, computer charges, rentals and leases, equipment maintenance, service contracts, and tuition remission when budgeted separately from salary/fringe benefits. Justify costs in the budget narrative.

# HOW TO COMPLETE THE BUDGET FORM PAGES 2 & 3: BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD

**BUDGET CATEGORY TOTALS**

* **Initial Budget Period** - Enter in the first column the budget category totals of the initial budget period costs from Budget Page 1
* **Additional Years of Support** - Enter the totals under each budget category for all additional years of support requested. Identify with an asterisk (\*) and justify any significant increases or decreases from the initial year budget. Please be sure to justify budgets with more than a standard escalation from the initial to the future year(s) of support.

**JUSTIFICATION**

Provide a detailed budget narrative and budget justification (use a maximum of 3 additional pages for the justification).

**ADDITIONAL FUNDING**

Provide a list of all active and pending funding for the applicant of this Fellowship grant. Please provide a copy of the "specific aims" page for all active or pending grant support; indicate any overlap and explain how this will be resolved if this grant is funded (use continuation pages as needed).

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Principal Investigator (Last, First, Middle): | | | | | |  | | | | | |
| DETAILED BUDGET FOR INITIAL BUDGET PERIOD PERIOD | | | | | | | FROM | | THROUGH | | |
|  | |  | | |
| PERSONNEL *(Applicant organization only)* | |  | **%** |  | DOLLAR AMOUNT REQUESTED *(omit cents)* | | | | | | |
| **NAME** | **ROLE ON PROJECT** | **TYPE APPT. *(****months****)*** | **EFFORT ON PROJ.** | **INST. BASE SALARY** | **SALARY REQUESTED** | | | **FRINGE BENEFITS** | | | **TOTAL** |
|  | *Principal Investigator* |  |  |  |  | | |  | | |  |
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| SUBTOTALS | | | | |  | | |  | | |  |
| **EQUIPMENT** *(Itemize)* | | | | | | | | | | |  |
| **TRAVEL** | | | | | | | | | | |  |
| **OTHER EXPENSES** *(Itemize by category)* | | | | | | | | | | |  |
| DIRECT COSTS FOR INITIAL BUDGET PERIOD *(2a, Budget Form Online)* | | | | | | | | | | $ |  |
| INDIRECT COSTS FOR INITIAL BUDGET PERIOD (MAX RATE 10%) | | | | | | | | | | $ |  |
| TOTAL COSTS FOR INITIAL BUDGET PERIOD *(2a, Budget Form Online)* | | | | | | | | | | $ |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Principal Investigator (Last, First, Middle): | | | | |  | | | |
| BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD | | | | | | | | |
| **BUDGET CATEGORY TOTALS** | **INITIAL BUDGET PERIOD** *(from Page 1)* | ADDITIONAL YEARS OF SUPPORT REQUESTED | | | | | | |
| **2nd** | **3rd** | **4th** | | | **5th** | |
| **PERSONNEL**: *Salary and fringe benefits. Applicant organization only*. |  |  |  |  | | |  | |
| **EQUIPMENT** |  |  |  |  | | |  | |
| **TRAVEL** |  |  |  |  | | |  | |
| **OTHER EXPENSES** |  |  |  |  | | |  | |
| DIRECT COSTS TOTAL  *(Sum = 3a, Budget Form Online)* |  |  |  |  | | |  | |
| INDIRECT COSTS TOTAL  *(10% MAX)* |  |  |  |  | | |  | |
| TOTAL COSTS  *(DIRECT + INDIRECT)* |  |  |  |  | | |  | |
| TOTAL COSTS *(DIRECT + INDIRECT)* FOR ENTIRE PROPOSED PROJECT PERIOD (3b, Budget Form Online) | | | | | | $ | |  |

**JUSTIFICATION**.

Provide a detailed budget narrative and budget justification. Use a maximum of 3 additional pages for the justification.

**ADDITIONAL FUNDING**.

Please list all active and pending funding for the applicant of this Fellowship grant. Please provide a copy of the "specific aims" page for all active or pending grant support; indicate any overlap and explain how this will be resolved if this grant is funded (please refer to the LLHF Fellowship grant criteria/grant restrictions). Use continuation pages as needed.