**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.

**Note Regarding LOIs Only: If you are using this form for a Network LOI, please use the budget instructions as a guide only; at this stage, the form is simply required in order to provide our Review Board with an estimated budget and outline of how the funds will be allocated. \*Also, you do not need to complete page 3 of the Budget Form (Step 2., item #3 below).**

* **Step 1:** Complete theBudget 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 all active and pending funding for the participants (PI and Co-Investigators) in the network grant. Please indicate any overlap of the current funding or pending grant support in the present application. Please explain how this will be resolved if this grant is funded (use continuation pages as needed).

**Additional Notes**

* **The Network Grant Can Seek Support in the Following Categories:** (1) Personnel costs, which are restricted to those named and justified in the budget; (2) Cross-training of network personnel; (3) Operation of the research project, including project administration (4) Purchase of supplies and equipment for the conduct of the proposed research; (5) Travel expenses, which shall include mandatory attendance at the Annual Hillblom Foundation Scientific Meeting.
* **Maximum Funding:** Maximum funding is $300,000 per year, for up to 4 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 $30,000 per year and these costs should be budgeted as part of the total award for that year.
* **Restrictions:** Restrictions to the Network Grant budget are as follows:

1. Personnel costs are restricted to those named and justified in the budget.
2. Maximum of $2500 per year, per PI and Co-Investigator on travel (including the Annual LLHF Scientific Meeting).

*Lastly, please make sure to provide the names and roles of all personnel for whom support is requested in the provided forms. Please outline requested costs including those for animals, consumables and services. Please make sure to provide details of any requested subcontracts. All requested support must be justified.*

**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.

**CONTRACTUAL / CONSULTANT**

List each participating consortium/contractual organization with the total costs for the initial budget period. Consortium arrangements may involve personnel costs, supplies, and other allowable costs, including Indirect Costs (10% maximum rate). If the grant is funded, a detailed subcontract budget may be requested before the funds are made available. Provide a detailed justification for the contractual arrangement in the budget narrative.

Whether or not costs are involved, provide the names and organizational affiliations of all consultants. Include consultant physicians in connection with patient care and persons who are confirmed to serve on external monitoring boards or advisory committees to the project. Describe the services to be performed in the budget narrative. Include the number of days of anticipated consultation, the expected rate of compensation, travel, per diem, and other related costs. **EQUIPMENT**

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

**SUPPLIES**

Itemize supplies in separate categories, such as glassware, chemicals, radioisotopes, etc. Categories in amounts less than $1,000 do not have to be itemized. If animals are to be purchased, state the species and the number to be used.

**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.

**PATIENT CARE COSTS**

If inpatient and/or outpatient costs are requested, provide the names of any hospitals and/or clinics and the amounts requested for each in the budget narrative.

Include information regarding projected patient accrual for the project/budget periods and relate this information to the budget request for patient care costs. If patient accrual is anticipated to be lower at the start or during the course of the project, plan budget(s) accordingly.

**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 *(not required for the LOI)***

Provide a list all active and pending funding for the participants (PI and Co-Investigators) in the network grant. Please indicate any overlap of the current funding or pending grant support in the present application. Please 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 | | | | | |  | | |  | | |  |
| **CONTRACTUAL / CONSULTANT** | | | | | | | | | | | |  |
| **EQUIPMENT** *(Itemize)* | | | | | | | | | | | |  |
| **SUPPLIES** *(Itemize)* | | | | | | | | | | | |  |
| **TRAVEL** | | | | | | | | | | | |  |
| **PATIENT CARE COSTS** | | | **INPATIENT** | | | | | | | | |  |
|  | | | **OUTPATIENT** | | | | | | | | |  |
| **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*. | |  |  |  |  | | |  | |
| **CONTRACTUAL/CONSULTANT** | |  |  |  |  | | |  | |
| **EQUIPMENT** | |  |  |  |  | | |  | |
| **SUPPLIES** | |  |  |  |  | | |  | |
| **TRAVEL** | |  |  |  |  | | |  | |
| **PATIENT CARE COSTS** | **INPATIENT** |  |  |  |  | | |  | |
| **OUTPATIENT** |  |  |  |  | | |  | |
| **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** ***(not required for the LOI).***

Please list all active and pending funding for the participants (PI and Co-Investigators) in the network grant. Please indicate any overlap of the current funding or pending grant support in the present application. Please explain how this will be resolved if this grant is funded (use continuation pages as needed).