



INTRODUCTION TO GRANTS MANAGEMENT



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Discussion Topics

- Features of a modular application
- Developing a modular budget
- Features of a categorical application
- Developing a categorical budget



Modular vs. Categorical Budgets

Two options:

- PHS398 Modular Budget Component
 - Research and Related Budget Component (Categorical)
-



Modular Budget: Features

- Applicable only to certain (R) mechanisms
- Up to \$250,000 direct costs per year (not including consortium Facilities and Administrative costs)
- Modules of \$25,000 direct costs
- Narrative budget justification required
- Summary Statement recommendations in module increments



Developing a Modular Budget

Creating a Modular Budget

- Start with an itemized budget
 - Consortia costs may be rounded to nearest \$1,000
 - Create out-year budgets
-



Developing a Modular Budget

Creating a Modular Budget

- Divide the total amount being requested by the number of years of the project
 - Round each year up to the nearest \$25,000 increment
 - Request same number of modules each year (unless justified)
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Developing a Modular Budget

Add it all up:

- Calculate the direct costs for the first year:
 - (for example, Year 1 budget = \$179,000)
- Calculate the direct costs for subsequent years taking into account salary increases and any changes in funds requested:
 - Year 2 = \$164,800
 - Year 3 = \$169,744
 - Year 4 = \$174,836
 - Year 5 = \$180,081



Developing a Modular Budget

Do I need to submit a modular budget?

- Calculate the total direct costs for all years
 - Total direct costs for 5 years = \$868,461
- Divide total by the number of years requested
 - Average direct costs = \$173,692/yr
- Investigator-initiated R01s up to \$250,000/yr must use modular format



Developing a Modular Budget

Convert Your Average Direct Costs to the Modular Format

- Round up to the next module (number divisible by \$25,000)
 - In the example, \$173,692/yr rounds up to \$175,000/yr
- No yearly increases for inflation

PHS 398 Modular Budget, Periods 1 and 2

OMB Number: 0925-0001

Expiration Date: 9/30/2007

Budget Period: 1

Start Date:

End Date:

A. Direct Costs

* Funds Requested (\$)

* Direct Cost less Consortium F&A

Consortium F&A

* Total Direct Costs

B. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	Modified Total D.C.	50		87,500
2.				
3.				
4.				

Cognizant Agency (Agency Name, POC Name and Phone Number)

Indirect Cost Rate Agreement Date

Total Indirect Costs

C. Total Direct and Indirect Costs (A + B)

Funds Requested (\$)

Budget Period: 2

Start Date:

End Date:

A. Direct Costs

* Funds Requested (\$)

* Direct Cost less Consortium F&A

Consortium F&A

* Total Direct Costs

B. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.				
2.				
3.				
4.				

Cognizant Agency (Agency Name, POC Name and Phone Number)

Indirect Cost Rate Agreement Date

Total Indirect Costs

C. Total Direct and Indirect Costs (A + B)

Funds Requested (\$)



Categorical Budget: Features

- Applies to research grant applications requesting greater than \$250,000 direct costs per year (not including consortium F&A) and mechanisms not included in the modular initiative
- Applies to all competing foreign grantees and all costs must be requested in U.S. dollars
- Allows for an escalation factor

Project budget, use applicant organization DUNS. If Subaward/Consortium, use that organization's DUNS and not DUNS of the applicant organization.

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 1

* ORGANIZATIONAL DUNS:

* Budget Type: Project Subaward/Consortium

Only the primary applicant organization should specify Project.

Enter name of Organization:

* Start Date: * End Date:

Budget Period 1

Every Sr/Key listed must have measurable effort in either Calendar Months or a combination of Academic and Summer Months.

A. Senior/Key Person

Prefix	* First Name	Middle Name	* Last Name	Suffix	* Project Role	Base Salary (\$)	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)
1.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	PD/PI	<input type="text"/>	<input type="text"/>	<input type="text"/>				
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
6.	Dr. Nobel	<input type="text"/>	<input type="text"/>	<input type="text"/>	PI	190,000	12	<input type="text"/>	<input type="text"/>	190,000	19,000	209,000
7.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
9.	Total Funds requested for all Senior Key Persons in the attached file										Total Senior/Key Person	209,000

PD/PI must be listed as a Sr/Key with measurable effort in every budget period.

Base Salary can be left blank for submission, but is required prior to award.

If more than 8 Sr/Key, use Attachment and enter total funds requested for additional Sr/Key persons.

Additional Senior Key Persons:

B. Other Personnel

* Number of Personnel	* Project Role	Cal. Months	Acad. Months	Sum. Months	* Requested Salary (\$)	* Fringe Benefits (\$)	* Funds Requested (\$)
<input type="text"/>	Post Doctoral Associates	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Graduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Undergraduate Students	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Secretarial/Clerical	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Lab Helpers	6	<input type="text"/>	<input type="text"/>	75,000	7,500	82,500
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Number Other Personnel						Total Other Personnel	82,500

Aggregate information provided in section B. More detailed information should be provided in Budget Justification.

Total Salary, Wages and Fringe Benefits (A+B) 291,500

Close Form

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 1

* ORGANIZATIONAL DUNS:

* Budget Type: Project Subaward/Consortium

Enter name of Organization:

* Start Date: * End Date: Budget Period 1

C. Equipment Description

List items and dollar amount for each item exceeding \$5,000

	Equipment Item	* Funds Requested (\$)
1.	Time Machine	10,000
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	Itemize up to 10 pieces of equipment. If more, include total dollars in line 11 and provide details in the Additional Equipment Attachment.	<input type="text"/>
5.		<input type="text"/>
6.	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>
11.	Total funds requested for all equipment listed in the attached file	<input type="text"/>
	Total Equipment	10,000

Additional Equipment:

Add Attachment

Delete Attachment

View Attachment

D. Travel

Funds Requested (\$)

1.	Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)	5,000
2.	Foreign Travel Costs	<input type="text"/>
	Total Travel Cost	5,000

E. Participant/Trainee Support Costs

Only complete this section if requested to do so in the FOA.

Funds Requested (\$)

1.	Tuition/Fees/Health Insurance	<input type="text"/>
2.	Stipends	<input type="text"/>
3.	Travel	<input type="text"/>
4.	Subsistence	<input type="text"/>
5.	Other <input type="text"/>	<input type="text"/>
<input type="text"/>	Number of Participants/Trainees	<input type="text"/>
	Total Participant/Trainee Support Costs	<input type="text"/>

Close Form

RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 1

Next Period button will appear after all fields in the budget period that are marked required (including the Budget Justification) are completed.

* ORGANIZATIONAL DUNS:

* Budget Type: Project Subaward/Consortium

Enter name of Organization:

* Start Date: * End Date: Budget Period 1

F. Other Direct Costs	Funds Requested (\$)
1. Materials and Supplies	<input type="text"/>
2. Publication Costs	<input type="text"/>
3. Consultant Services	<input type="text"/>
4. ADP/Computer Services	<input type="text"/>
5. Subawards/Consortium/Contractual Costs	<input type="text"/>
6. Equipment or Facility Rental/User Fees	<input type="text"/>
7. Alterations and Renovations	<input type="text"/>
8. Graduate Student s Tuition	5,000
9.	<input type="text"/>
10.	<input type="text"/>
Total Other Direct Costs	5,000

Subaward/Consortium/Contractual Costs not auto-populated. Include both Direct and Indirect costs.

G. Direct Costs	Funds Requested (\$)
Total Direct Costs (A thru F)	311,500

H. Indirect Costs	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1. <input type="text"/>	50	<input type="text"/>	155,750
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Indirect Costs			155,750

Cognizant Federal Agency
(Agency Name, POC Name, and POC Phone Number)

I. Total Direct and Indirect Costs	Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)	467,250

J. Fee	Funds Requested (\$)
<input type="text"/>	<input type="text"/>

K. * Budget Justification Required

(Only attach one file.)



Cumulative budget is system generated based on budget period data provided.

RESEARCH & RELATED BUDGET - Cumulative Budget

	Totals (\$)
Section A, Senior/Key Person	<input type="text"/>
Section B, Other Personnel	<input type="text"/>
Total Number Other Personnel	<input type="text"/>
Total Salary, Wages and Fringe Benefits (A+B)	<input type="text"/>
Section C, Equipment	<input type="text"/>
Section D, Travel	<input type="text"/>
1. Domestic	<input type="text"/>
2. Foreign	<input type="text"/>
Section E, Participant/Trainee Support Costs	<input type="text"/>
1. Tuition/Fees/Health Insurance	<input type="text"/>
2. Stipends	<input type="text"/>
3. Travel	<input type="text"/>
4. Subsistence	<input type="text"/>
5. Other	<input type="text"/>
6. Number of Participants/Trainees	<input type="text"/>
Section F, Other Direct Costs	<input type="text"/>
1. Materials and Supplies	<input type="text"/>
2. Publication Costs	<input type="text"/>
3. Consultant Services	<input type="text"/>
4. ADP/Computer Services	<input type="text"/>
5. Subawards/Consortium/Contractual Costs	<input type="text"/>
6. Equipment or Facility Rental/User Fees	<input type="text"/>
7. Alterations and Renovations	<input type="text"/>
8. Other 1	<input type="text"/>
9. Other 2	<input type="text"/>
10. Other 3	<input type="text"/>
Section G, Direct Costs (A thru F)	<input type="text"/>
Section H, Indirect Costs	<input type="text"/>
Section I, Total Direct and Indirect Costs (G + H)	<input type="text" value="467,250"/>
Section J, Fee	<input type="text"/>



Categorical Budgets

- Ask for a budget that is adequate to conduct the research
- Justify the budget
- Ask for allowable costs only