BUDGET CHECKLIST FOR GRANTS

College of Medicine / Research Administration and Compliance
Box 100215 / Room M-134 HSC / 273-5398 phone / 273-5387 fax

To be turned in with proposal during review/approval process

1. **ALL Personnel**: Include % of effort on Project for all years

Name	% Effort -Yr. 1	% Effort -Yr. 2	% Effort- Yr. 3	% Effort -Yr. 4	% Effort-Yr. 5
Example: Joe Brown	20%	20%	20%	10%	10%

2. Are you providing salary support for a graduate assistant?
   - ☐ Yes. Is the assistant apart of the College of Medicine IDP Propgram? Check the IDP website to make sure you have budgeted the correct stipend rate.
   - ☐ No.

3. Is there any cost share being committed?
   - ☐ Yes.
   - ☐ No.

4. Indirect Cost Calculation. List **ONLY THE AMOUNT** excluded from total direct costs when calculating the modified total direct costs (MTDC):

Year One	Amount	Entire Project	Amount
Equipment*		Equipment	
Patient Care**		Patient Care	
Tuition***		Tuition	
Subcontract****		Subcontract	
Rent*****		Rent	

*Equipment Breakdown

Year One	Year Two	Year Three	Year Four	Year Five

Patient Care: **Please detail out any patient care cost

Year One	Year Two	Year Three	Year Four	Year Five

***Tuition Breakdown

Year One	Year Two	Year Three	Year Four	Year Five

****Subcontract

Year One	Year Two	Year Three	Year Four	Year Five

*****Rent

Year One	Year Two	Year Three	Year Four	Year Five