**Internal Funding Budget Template**

*A financially successful study starts with a budget which accurately and completely captures all anticipated costs. Your involvement in this process is critical. The template below will help prompt this process and ensure the appropriate items are included. Please refer to page 4 for additional budget template guidance as needed.*

**Funding Proposal General Information**

**\*Required fields**

\* Full Title of Funding Proposal:

\* Principal Investigator or Program Director (PI/PD):

 Proxies for Principal Investigator:

\* Funding Organization Type: [ ] Internal [ ] Development

Will we be secondary, e.g., will another institution be the primary recipient of the funding and pay us to do part of the work? [ ] Yes [ ] No

\* Mayo Clinic Primary Research Theme **(required, only check one):**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Addictions Research |  | Endocrine, Diabetes, Nutrition & Metabolism |  | Kidney and Urological Diseases |
|  | Biomedical Technology |  | Genomics |  | Musculoskeletal Diseases |
|  | Cancer |  | Heart, Lung and Blood |  | Neurosciences |
|  | Clinical and Translational Research |  | Immunology |  | Regenerative Medicine/Transplant |
|  | Digestive Diseases |  | Infectious Diseases |  | Successful Aging |
|  |  |  |  |  | Other (specify): |

\* Will the Principal Investigator be the PI on all budgets related to this funding proposal? [ ] Yes [ ]  No

\* Is Patient Consent required for any funded activities? [ ] Yes [ ]  No

 If Yes, if this is a Clinical Trial and an Accrual Feasibility Assessment has not yet been performed, would you like to request one? [ ] Yes [ ]  No

\* Does this study meet the criteria for an NIH Defined Clinical Trial? [ ] Yes [ ]  No

*Please select to view how NIH defines a Clinical Trial:*<https://osp.od.nih.gov/wp-content/uploads/2015/04/NIH%20Definition%20of%20Clinical%20Trial%2010-23-2014-UPDATED_0.pdf>

If Yes, who plans to be the IRB of Record for this study?

 [ ] Mayo Clinic [ ]  External Commercial [ ]  External –Non Commercial

 \* Is this Funding activity [ ] Multicenter or [ ] Single Center?

 \* Is a product or device being provided by a company in addition to or in lieu of financial support?: [ ] Yes [ ] No

 Is a device being utilized in this study? [ ] Yes [ ]  No

If Yes, will you be studying a FDA-approved/cleared device used according to the FDA-approved/cleared indication? (includes 510(k), HUD/HDE, PMA): [ ] Yes [ ] No

***NOTE****: If the device is considered non-significant risk (NSR) or exempt from IDE regulations, answer "Yes", as this study will not require IDE review.*

If Yes, specify company name:

**Internal Information** 7.0

 **Name of Funding Opportunity:**

 *(e.g. Discovery Translation Award, Eagles Cancer Research Fund, Benefactor-Funded Career Development Award, etc.)*

\* **Date Project Starts:**

\* **Number of Budget Years:**

 Application/Submission Due Date/Deadline:

**Budget Characteristics** 21.0

\* Will this project include the study of human subjects? [ ] Yes [ ]  No

If yes, does the budget include any tests or procedures that will be billed either to the patient or to research? [ ] Yes\* [ ] No

\* Will this project include animal studies? [ ] Yes [ ] No

\* Will an investigator at another research institution be paid from this budget? [ ] Yes [ ] No

\* Will there be Cost Sharing, i.e., will Mayo be required to pay a portion of this budget? [ ] Yes [ ] No

**IACUC Information**21.5

 Is this protocol related to an existing IACUC protocol? [ ] Yes and if so indicate IACUC#(s):       [ ] No

**Human Subjects Information**22.0

 Is this budget related to an existing IRB protocol? [ ] Yes and if so indicate IRB#(s):       [ ]  No

\* Will this be a Clinical Trial? [ ]  Yes [ ]  No

If yes, select Clinical Trial Phase: [ ] I [ ] I/II [ ] II [ ] II/III [ ] III [ ] III/IV [ ] IV

**IRB Exemption**22.1

IRB Exempt? [ ] Yes and if so indicate exemption number:       [ ] No

 **Patient Care Schedule of Events:** 22.2 **\****The PI/study staff will need to enter patient care costs into the Code and Coverage Analysis (CCA)/Patient Care Schedule (PCS) MIRIS module. See guidance page for additional information.*

Please indicate PCS ID number(s):

**Budget**

| **Personnel Costs (Mayo Clinic Staff Only) (excludes charge outs\*\*)** |
| --- |
| **Last Name** | **First Name** | **Middle Initial** | **Role** | **Year 1****% Effort** | **Year 2** | **Year 3** | **Year 4** | **Year 5** |
|       |       |       | **PRINCIPAL INVESTIGATOR** |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |       |       |

| **Other Personnel / Other Significant Contributors (Mayo Clinic Staff Only)** |
| --- |
| **Last Name** | **First Name** | **Middle Initial** | **Role** |
|       |       |       |  |
|       |       |       |  |
|       |       |       |  |

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| **\*Patient Care**  |
|

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| --- | --- | --- | --- | --- | --- |
|  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** |
| Number of Patients/Year:  |       |       |       |       |       |

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| --- |
| **Supplies and External Services** |
| **Item** | **Description** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** |
| Choose item by 1st clicking here & then on the arrow |       | $      | $      | $      | $      | $      |
| Choose item by 1st clicking here & then on the arrow |       | $      | $      | $      | $      | $      |
| Choose item by 1st clicking here & then on the arrow |       | $      | $      | $      | $      | $      |
| Choose item by 1st clicking here & then on the arrow |       | $      | $      | $      | $      | $      |

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| --- |
| **Internal Services** |
| **Item** | **Description** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** |
| Choose item by 1st clicking here & then on the arrow |       | $      | $      | $      | $      | $      |
| Choose item by 1st clicking here & then on the arrow |       | $      | $      | $      | $      | $      |
| Choose item by 1st clicking here & then on the arrow |       | $      | $      | $      | $      | $      |
| Choose item by 1st clicking here & then on the arrow |       | $      | $      | $      | $      | $      |

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| **Equipment** |
| **Each item of equipment must be =>$5,000.** |
| **Item** | **Description** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** |
| [ ]  Building Improvements[ ]  Equipment Purchases >=$5,000 |       | $      | $      | $      | $      | $      |
| [ ]  Building Improvements[ ]  Equipment Purchases >=$5,000 |       | $      | $      | $      | $      | $      |

|  |
| --- |
| **Travel** |
| **Travel Costs (description)** | **Foreign Travel?** |  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** |
|       | Yes [ ]  No [ ]  | **Cost/Trip:** |       |       |       |       |       |
| **Trips/Period** |       |       |       |       |       |
| **People/Trip** |       |       |       |       |       |
|       | Yes [ ]  No [ ]  | **Cost/Trip:** |       |       |       |       |       |
| **Trips/Period** |       |       |       |       |       |
| **People/Trip** |       |       |       |       |       |

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| **Animal Ordering Cost** |
| **Animal** | **Cost/ Animal** | **Total Shipping Cost: *(transport + shipping cages; Amount is not multiplied)*** |  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** |
|       |       |       | **#Animals/Period:** |       |       |       |       |       |
|  **Cost/Period:** |       |       |       |       |       |
|       |       |       | **#Animals/Period:** |       |       |       |       |       |
|  **Cost/Period:** |       |       |       |       |       |

|  |
| --- |
| **Animal Maintenance Cost** |
| **Animal Type** | **Cage Cost per Day** | **Days per Animal** | **# of Animals per Cage** |  | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** |
|  |  |  |  | **# Animals/Period:** |  |  |  |  |  |
|  |  |  |  | **# Animals/Period:** |  |  |  |  |  |

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| --- |
| **Secondary Sites / Subaward** |
| Are other sites also involved on the project? Yes [ ]  No [ ]  If Yes, describe below.  |
| **Institution** | **Investigator** | **Site Contact Admin/OSPA Name** | **Site Contact Phone # and E-mail Address** | **Indirect Rate** |  | **Year 1** | **Year 2** | **Year 3** |
|       |       |       |       |       | Direct Costs |       |       |       |
|       |       | Indirect Costs |       |       |       |
|       |       |       |       |       | Direct Costs |       |       |       |
|       |       | Indirect Costs |       |       |       |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Consultant Name** | **Consultant Phone #** | **Consultant** **E-mail** | **Description of Services** | **Year 1** | **Year 2** | **Year 3** | **Year 4** | **Year 5** |
|       |       |       |       | $      | $      | $      | $      | $      |
|       |       |       |       |        |       |       |       |       |

Budget Template Guidance

**Cost Share:** If you answered yes to either question, please work with your Research Administrator on completing a Cost Share Form. Your Sponsored Project Specialist can assist you in creating a cost sharing budget.  A common example of cost sharing is stating more effort in your budget justification than stated in your budget, e.g. budgeting for 5% effort for the PI and stating 10% effort in the budget justification*.*

**Patient Care Costs:**

 **\***  If the budget includes any tests or procedures that will be billed either to the patient or to research, the codes will need to be entered into the MIRIS Code and Coverage Analysis module, Patient Care Schedule (PCS) by the PI/Study Staff. For additional information regarding Code and Coverage Analysis procedures you can:

* E-mail: resfincovana@mayo.edu
* Find: [Staff and Contact Numbers](http://intranet.mayo.edu/charlie/financial-accounting-services/files/2013/08/COA-Staff-and-contact-numbers-051412-Staff-and-Contact-Numbers.pdf)
* Visit: [Code and Coverage Analysis](http://intranet.mayo.edu/charlie/financial-accounting-services/home/councilsworkgroups/research-finance-councils/project-c/) website
	+ which also contains: [Frequently Used Codes](http://intranet.mayo.edu/charlie/financial-accounting-services/files/2012/07/FrequentlyUsedCodes.xls)

**Personnel:**

**\*\*** Charge out personnel include:

* Bioinformatics Services – Health Science Research:
* Biomedical Statistics and Informatics (BSI)
	+ Statistical Programmer Analysts I, II, III
	+ MS Statisticians I and II (some exceptions)
* Information Technology
	+ Bioinformatics System Unit, Data Management Systems, Research Application Systems, Rschr En Applic Dev & Spt Sec)
* Radiology Research Study Coordinators Unit
* **Principal Investigator Effort:** Institutional policy requires that the PI have a minimum of 1% effort each year for all intramural awards for which total annual funding is greater than $75,000. If the budget allows, the 1% effort should be charged to the grant budget. [Effort Commitment Procedure](http://mayocontent.mayo.edu/research-policy/MSS_670988)

**Supplies and External Services:**

* **Participant Remuneration:** provide the amount participants will be paid and the frequency of payment – see the IRB policy manual for guidance
* **Participant Reimbursement:** provide the amount of participant reimbursement for travel, lodging, parking, or meals

**Internal Services:**

* **CCaTS' Clinical Research and Trials Unit (CRTU):** <http://www.mayo.edu/ctsa/resources/clinical-research-unit>

Contacts: Jennifer Weis, Admin Manager 5-3294; Melissa Cuccio, CRU Resource Assistant 8-6400

* **Interpretive Services Budget Estimate:** Contact Translation Coordinator: (77) 8-0372.
* **Mayo Clinic Research Core Facilities:** All Core Facility charges should have indirects added. Website: [Core Facilities](http://cores.mayo.edu/)
* **Participant Recruitment:** Leslie Jordan 5-1943 for assistance with advertising/recruitment plan & estimates
* **Pharmacy Estimate:** To obtain a Pharmacy Estimate please contact:  In Rochester - SMH Sandy Showalter 5-7928, RMH Mary Lempke 5-7912; Mayo Clinic Pharmacy Outpatient Phil Christiansen 8-0008; In Florida - Paula Fuqua - 3-0614; and in Arizona - For Oncology studies please send a request to the ARZ Oncology Research Mailbox and for non-oncology studies please contact Yvonne Grover 2-7650.
* **Statistical and Database needs/costs:** Indicate if you need a Statistical Programmer or a MS Statistician within Health Sciences Research. Describe costs, i.e., # of hours/period x $ per hour.  HSR charge-out rates:
* <http://hsrweb.mayo.edu/financial-resources/financial-resources>