

**INDIANA UNIVERSITY BUDGET INFORMATION SHEET FOR NIH MODULAR APPLICATIONS***For Internal Use Only*

This form may be completed in place of a detailed budget for NIH Modular Grants. Detail must be provided where requested.

*Project Directors submitting an application for the first time, or who are new to Indiana University, are encouraged to provide a detailed budget instead of this information sheet. Detailed budgets may continue to be submitted for internal use instead of this form. The research offices will continue to provide assistance with detailed budgets if requested. Use of this form may not be allowed if multiple RC's are involved. Check with your school or department to see if they allow use of this form instead of a detailed budget.*

**PLEASE NOTE:** Estimates of true costs may be more accurate with detailed budgets.

**Are you requesting funding for any of the following?** If yes, detail the purpose, amount and benefit to the grant below.

Yes No

1. Administrative or clerical costs
2. Office supplies or postage
3. Local telephone costs (instrument rental and line costs), 800-lines, pagers and cell phones
4. General purpose equipment (e.g. office equipment or computers)
5. Fees for services from other IU units or departments (Biostatistics, Ctr. for Survey Research, etc.)

**Please answer the following questions.** If yes, follow instructions provided for each item.

Yes No

6. Are any personnel contributing effort to the project for which salary funds are not requested? *If yes, list individuals and show percent effort below.*
7. Is any non-personnel cost-sharing included? *If yes, list amount and source of cost-share below.*
8. Do the salaries of any of the personnel on this project exceed the NIH salary cap? *Current cap, effective January 1, 2005, is \$180,100/12 month or \$135,925/academic year. For additional information see <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-05-024.html>. If yes, list individual detail below.*
9. Are graduate students included in the budget? *If yes, list the number of students and amount of fee remission budgeted below.*
10. Are any subcontractors included in the project? *If yes, each Subcontractor must provide a detailed budget, justification, and work statement endorsed by an authorized institutional official. A copy of their Facilities and Administrative cost rate agreement (indirect costs) must also be included. See Important Notice 04-1 [http://www.fms.indiana.edu/cg/imp\\_notice/04-1.asp](http://www.fms.indiana.edu/cg/imp_notice/04-1.asp).*

List exclusions to indirect cost calculation. See Important Notice 02-5 [http://www.fms.indiana.edu/cg/imp\\_notice/02-5.asp](http://www.fms.indiana.edu/cg/imp_notice/02-5.asp)

Exclusions	Year 1	Year 2	Year 3	Year 4	Year 5
Equipment > \$5,000					
Fee Remissions					
Patient Care Costs					
Space Costs					
Amount of each subcontract > \$25,000					
TOTAL					

Provide detail here (attach additional pages if necessary)

**Departments choosing to use this information sheet instead of a detailed budget understand and acknowledge that shortages resulting from under-budgeting or disallowances for unallowable costs will be the responsibility of the department.**

Department Signature and Date