**Budget Justification\***

***Proposal Title***

\*Note that some sections listed in this template may need to be removed and others not featured may need to be added depending on competition/budget requirements. The Research Administrator is not responsible for completing the budget justification; PIs are to fill in information and complete the justification because they are most knowledgeable about the project.

This section provides an explanation of the budget line items for conducting the work described in the Project Description. The rates are budgeted and charged in accordance with the University of Florida’s (UF) negotiated rates for fringe and indirect costs (IDC). The Budget Justification describes the rationale used to determine anticipated costs of project activities for the # years of the project: Year # (Month Day, Year – Month Day, Year), Year # (Month Day, Year – Month Day, Year), repeat format for all years.

1. **Senior Personnel ($#):**

The budget provides the anticipated effort for persons to be involved in this research project, if funded, for the total requested period. For projected time occurring in future years, the salaries have been incremented with a 3% increase for cost-of-living adjustments.

* **PI –** Please fill in name, time, and responsibilities.

Year 1: $#; Year 2: $#; repeat format for all years

* **Co-PI –** Please fill in name, time, and responsibilities.

Year 1: $#; Year 2: $#; repeat format for all years

* **Co-PI –** Please fill in name, time, and responsibilities.

Year 1: $#; Year 2: $#; repeat format for all years

* **Co-PI –** Please fill in name, time, and responsibilities.

Year 1: $#; Year 2: $#; repeat format for all years

1. **Other Personnel ($#):**
* Please fill in responsibilities.

Year 1: $#; Year 2: $#; repeat format for all years

* Please fill in responsibilities.

Year 1: $#; Year 2: $#; repeat format for all years

1. **Fringe Benefits ($#):**

Fringe benefit rates are set by UF policy and are approved annually by the U.S. Department of Health and Human Services. Fringe benefit rates differ for faculty, permanent administrative and staff positions, temporary staff positions, and graduate research assistant positions. Fringe benefits paid to faculty and permanent staff include FICA Social Security, FICA Medicare, retirement, health insurance, life insurance, clinical disability insurance, Workers’ Compensation, unemployment compensation, vacation cash outs, sick leave pool payments, and parental leave payments. The fringe benefit rate for faculty is calculated at #%. The rate for the (other personnel) is #%. The rate for the (other personnel) is #%. Each personnel salary is multiplied by the corresponding fringe benefit rate to compute the fringe benefits total.

Year 1: $#; Year 2: $#; repeat format for all years

1. **Tuition ($#):**
* Funds are requested for Graduate Research Assistant tuition for # of credits (# credits in the fall, # credits in the spring) in Years #, #, and #. The projected rate is $# per credit in Year # and the tuition inflation rate is calculated at 3%.

Year 1: $#; Year 2: $#; repeat format for all years

1. **Equipment ($#):**
* Please fill in relevant information.

Year 1: $#; Year 2: $#; repeat format for all years

* Please fill in relevant information.

Year 1: $#; Year 2: $#; repeat format for all years

1. **Travel ($#):**

All travel costs are consistent with the University of Florida’s travel policy. The travel policy can be accessed at the following link <http://www.fa.ufl.edu/directives-and-procedures/travel/>.

* Funds are requested to (fill in information about travel reasons and expenses).

Year 1: $#; Year 2: $#; repeat format for all years

1. **Participant Support Costs ($#):**
* Please fill in relevant information.

Year 1: $#; Year 2: $#; repeat format for all years

1. **Other Direct Costs ($#):**
* Please fill in relevant information for one cost.

Year 1: $#; Year 2: $#; repeat format for all years

* Please fill in relevant information for another cost.

Year 1: $#; Year 2: $#; repeat format for all years

* Please fill in relevant information for another cost.

Year 1: $#; Year 2: $#; repeat format for all years

* Please fill in relevant information for another cost.

Year 1: $#; Year 2: $#; repeat format for all years

1. **Total Direct Costs ($#):**

Year 1: $#; Year 2: $#; repeat format for all years

1. **Indirect Costs ($#):**

Indirect cost rates (IDC) are negotiated and determined by the Department of Health and Human Services. The University currently has an approved IDC rate of #%.

Year 1: $#; Year 2: $#; repeat format for all years

1. **Total** **Costs ($#):**

Year 1: $#; Year 2: $#; repeat format for all years