# Requested Budget (use Table I. or II.)

**Table I. Budget for Single Application**

|  | **A** | **B** | ***columns A + B*** | **C** | **D** | ***columns A + C + D*** |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Subtotal Direct Cost Requested of NIH**(excludes subcontract F&A) | **Subcontract F&A1**(if any) | **Total Direct Cost to NIH**(includes subcontract F&A) | **Non-NIH Support2**(third-party support, i.e., cash) | **Value of In-Kind Non-NIH Support2**(e.g., medication, equipment resources, salary) | **Subtotal Direct Cost of Study**(includes non-NIH support; excludes subcontract F&A) |
| FY      |       |       |       |       |       |       |
| FY      |       |       |       |       |       |       |
| FY      |       |       |       |       |       |       |
| FY      |       |       |       |       |       |       |
| FY      |       |       |       |       |       |       |
| **TOTAL** |       |       |       |       |       |       |

**Table note 1** F&A = Facilities and Administration costs (on consortia/subcontracts to grants, these count as additional direct costs)

**Table note 2** Description of Non-NIH Support:***Describe the name of the entity, item, or service offered, etc., in the associated letter of request***

**Table II. Budget for Multiple Applications (collaborative)**

|  | **A** | **B** | ***columns A + B*** | **C** | ***columns******A + B + C*** | **D** | **E** | ***columns******A + B + D + E*** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **NIH Subtotal Direct Cost - CCC1**(excludes subcontract F&A) | **NIH Subtotal Direct Cost – DCC2**(excludes subcontract F&A) | **Subtotal Direct Cost Requested of NIH**(excludes subcontract F&A) | **Subcontract F&A3**(if any) | **Total Direct Cost to NIH**(includes subcontract F&A) | **Non-NIH Support4**(third-party support, i.e., cash) | **Value of In-Kind Non-NIH Support4**(e.g., medication, equipment, resources, salary) | **Subtotal Direct Cost of Study**(includes non-NIH support; excludes subcontract F&A) |
| FY      |       |       |       |       |       |       |       |       |
| FY      |       |       |       |       |       |       |       |       |
| FY      |       |       |       |       |       |       |       |       |
| FY      |       |       |       |       |       |       |       |       |
| FY      |       |       |       |       |       |       |       |       |
| **TOTAL** |       |       |       |       |       |       |       |       |

**Table note 1** If applicable, enter sum of all subtotal direct costs (excluding subcontract F&A) for multiple Clinical Coordinating Centers (CCCs) in *column A*

**Table note 2** Enter subtotal direct cost (excluding subcontract F&A) for the Data Coordinating Center (DCC), or the sum of the DCC and administrative center if applicable, in *column B*

**Table note 3** F&A = Facilities and Administration costs (on consortia/subcontracts to grants, these count as additional direct costs)

**Table note 4** Description of Non-NIH Support:***Describe the name of the entity, item, or service offered, etc., in the associated letter of request***