Military Facility

Detailed Cost Estimate Form - Budget Period 1

Name of Principal Investigator *(last, first, middl*

|  |  |  |
| --- | --- | --- |
| **DETAILED BUDGET** | **FROM** | **THROUGH** |
| **DOD CIVILIAN AND MILITARY PERSONNEL** | **TITLE/ POSITION** | **ANNUAL BASE SALARY** | **% EFFORT****ON****PROJECT** | **DOLLAR AMOUNT REQUESTED (OMIT CENTS)** |
| **NAME** | **ROLE ON****PROJECT** | **SALARY REQUESTED** | **FRINGE BENEFITS** | **TOTALS** |
|  |  |  |  |  |  |  | $ - |
|  |  |  |  |  |  |  | $ - |
|  |  |  |  |  |  |  | $ - |
|  |  |  |  |  |  |  | $ - |
|  |  |  |  |  |  |  | $ - |
| **SUBTOTALS** | **$ -** | **$ -** | **$ -** |
| **Enter DoD civilian and military level of effort, whether or not reimbursement of salary/fringe benefits is requested. If reimbursement is requested, the method of reimbursement will be handled during negotiations. In some cases, reimbursement may not be possible.** |  |
| CONSULTANT COSTS |  |
| MAJOR EQUIPMENT (ITEMIZE BY ITEM IN JUSTIFICATION) |  |
| MATERIALS, SUPPLIES, AND CONSUMABLES (ITEMIZE BY CATEGORY IN JUSTIFICATION) |  |
| TRAVEL COSTS |  |
| **Enter DoD civilian and military personnel travel costs. The USAMRMC RM office will directly fund the Military Facility for travel costs, if possible. If not possible, the military Facility will be required to cover the costs. Funds awarded to an extramural organization cannot be used to reimburse DoD civilian or military personnel travels costs.** |  |
| RESEARCH-RELATED SUBJECT COSTS |  |
| OTHER DIRECT COSTS (ITEMIZE BY CATEGORY IN JUSTIFICATION) |  |
| **SUBTOTAL DIRECT COSTS FOR THIS BUDGET PERIOD** | $ - |
| SUBCONTRACT COSTS | DIRECT COST |  |
| INDIRECT COST | $ - |
| **TOTAL DIRECT COSTS FOR THIS BUDGET PERIOD** | $ - |
| **TOTAL INDIRECT COSTS FOR THIS BUDGET PERIOD** |  |
| **TOTAL DIRECT AND INDIRECT COSTS FOR THIS BUDGET PERIOD** | $ - |

Detailed Cost Estimate Form - Budget Period 2

Name of Principal Investigator *(last, first, middl* 0

|  |  |  |
| --- | --- | --- |
| **DETAILED BUDGET** | **FROM** | **THROUGH** |
| **DOD CIVILIAN AND MILITARY PERSONNEL** | **TITLE/ POSITION** | **ANNUAL BASE SALARY** | **% EFFORT****ON****PROJECT** | **DOLLAR AMOUNT REQUESTED (OMIT CENTS)** |
| **NAME** | **ROLE ON****PROJECT** | **SALARY REQUESTED** | **FRINGE BENEFITS** | **TOTALS** |
|  |  |  |  |  |  |  | $ - |
|  |  |  |  |  |  |  | $ - |
|  |  |  |  |  |  |  | $ - |
|  |  |  |  |  |  |  | $ - |
|  |  |  |  |  |  |  | $ - |
| **SUBTOTALS** | **$ -** | **$ -** | **$ -** |
| **Enter DoD civilian and military level of effort, whether or not reimbursement of salary/fringe benefits is requested. If reimbursement is requested, the method of reimbursement will be handled during negotiations. In some cases, reimbursement may not be possible.** |  |
| CONSULTANT COSTS |  |
| MAJOR EQUIPMENT (ITEMIZE BY ITEM IN JUSTIFICATION) |  |
| MATERIALS, SUPPLIES, AND CONSUMABLES (ITEMIZE BY CATEGORY IN JUSTIFICATION) |  |
| TRAVEL COSTS |  |
| **Enter DoD civilian and military personnel travel costs. The USAMRMC RM office will directly fund the Military Facility for travel costs, if possible. If not possible, the military Facility will be required to cover the costs. Funds awarded to an extramural organization cannot be used to reimburse DoD civilian or military personnel travels costs.** |  |
| RESEARCH-RELATED SUBJECT COSTS |  |
| OTHER DIRECT COSTS (ITEMIZE BY CATEGORY IN JUSTIFICATION) |  |
| **SUBTOTAL DIRECT COSTS FOR THIS BUDGET PERIOD** | $ - |
| SUBCONTRACT COSTS | DIRECT COST | $ - |
| INDIRECT COST | $ - |
| **TOTAL DIRECT COSTS FOR THIS BUDGET PERIOD** | $ - |
| **TOTAL INDIRECT COSTS FOR THIS BUDGET PERIOD** |  |
| **TOTAL DIRECT AND INDIRECT COSTS FOR THIS BUDGET PERIOD** | $ - |

Detailed Cost Estimate Form - Budget Period 3

Name of Principal Investigator *(last, first, middl* 0

|  |  |  |
| --- | --- | --- |
| **DETAILED BUDGET** | **FROM** | **THROUGH** |
| **DOD CIVILIAN AND MILITARY PERSONNEL** | **TITLE/ POSITION** | **ANNUAL BASE SALARY** | **% EFFORT****ON****PROJECT** | **DOLLAR AMOUNT REQUESTED (OMIT CENTS)** |
| **NAME** | **ROLE ON****PROJECT** | **SALARY REQUESTED** | **FRINGE BENEFITS** | **TOTALS** |
|  |  |  |  |  |  |  | $ - |
|  |  |  |  |  |  |  | $ - |
|  |  |  |  |  |  |  | $ - |
|  |  |  |  |  |  |  | $ - |
|  |  |  |  |  |  |  | $ - |
| **SUBTOTALS** | **$ -** | **$ -** | **$ -** |
| **Enter DoD civilian and military level of effort, whether or not reimbursement of salary/fringe benefits is requested. If reimbursement is requested, the method of reimbursement will be handled during negotiations. In some cases, reimbursement may not be possible.** |  |
| CONSULTANT COSTS |  |
| MAJOR EQUIPMENT (ITEMIZE BY ITEM IN JUSTIFICATION) |  |
| MATERIALS, SUPPLIES, AND CONSUMABLES (ITEMIZE BY CATEGORY IN JUSTIFICATION) |  |
| TRAVEL COSTS |  |
| **Enter DoD civilian and military personnel travel costs. The USAMRMC RM office will directly fund the Military Facility for travel costs, if possible. If not possible, the military Facility will be required to cover the costs. Funds awarded to an extramural organization cannot be used to reimburse DoD civilian or military personnel travels costs.** |  |
| RESEARCH-RELATED SUBJECT COSTS |  |
| OTHER DIRECT COSTS (ITEMIZE BY CATEGORY IN JUSTIFICATION) |  |
| **SUBTOTAL DIRECT COSTS FOR THIS BUDGET PERIOD** | $ - |
| SUBCONTRACT COSTS | DIRECT COST | $ - |
| INDIRECT COST | $ - |
| **TOTAL DIRECT COSTS FOR THIS BUDGET PERIOD** | $ - |
| **TOTAL INDIRECT COSTS FOR THIS BUDGET PERIOD** |  |
| **TOTAL DIRECT AND INDIRECT COSTS FOR THIS BUDGET PERIOD** | $ - |

Detailed Cost Estimate Form - Budget Period 4

Name of Principal Investigator *(last, first, middl* 0

|  |  |  |
| --- | --- | --- |
| **DETAILED BUDGET** | **FROM** | **THROUGH** |
| **DOD CIVILIAN AND MILITARY PERSONNEL** | **TITLE/ POSITION** | **ANNUAL BASE SALARY** | **% EFFORT****ON****PROJECT** | **DOLLAR AMOUNT REQUESTED (OMIT CENTS)** |
| **NAME** | **ROLE ON****PROJECT** | **SALARY REQUESTED** | **FRINGE BENEFITS** | **TOTALS** |
|  |  |  |  |  |  |  | $ - |
|  |  |  |  |  |  |  | $ - |
|  |  |  |  |  |  |  | $ - |
|  |  |  |  |  |  |  | $ - |
|  |  |  |  |  |  |  | $ - |
| **SUBTOTALS** | **-** | **-** | **-** |
| **Enter DoD civilian and military level of effort, whether or not reimbursement of salary/fringe benefits is requested. If reimbursement is requested, the method of reimbursement will be handled during negotiations. In some cases, reimbursement may not be possible.** |  |
| CONSULTANT COSTS |  |
| MAJOR EQUIPMENT (ITEMIZE BY ITEM IN JUSTIFICATION) |  |
| MATERIALS, SUPPLIES, AND CONSUMABLES (ITEMIZE BY CATEGORY IN JUSTIFICATION) |  |
| TRAVEL COSTS |  |
| **Enter DoD civilian and military personnel travel costs. The USAMRMC RM office will directly fund the Military Facility for travel costs, if possible. If not possible, the military Facility will be required to cover the costs. Funds awarded to an extramural organization cannot be used to reimburse DoD civilian or military personnel travels costs.** |  |
| RESEARCH-RELATED SUBJECT COSTS |  |
| OTHER DIRECT COSTS (ITEMIZE BY CATEGORY IN JUSTIFICATION) |  |
| **SUBTOTAL DIRECT COSTS FOR THIS BUDGET PERIOD** | $ - |
| SUBCONTRACT COSTS | DIRECT COST | $ - |
| INDIRECT COST | $ - |
| **TOTAL DIRECT COSTS FOR THIS BUDGET PERIOD** | $ - |
| **TOTAL INDIRECT COSTS FOR THIS BUDGET PERIOD** |  |
| **TOTAL DIRECT AND INDIRECT COSTS FOR THIS BUDGET PERIOD** | $ - |

Detailed Cost Estimate Form -Budget Period 5

Name of Principal Investigator *(last, first, middl* 0

|  |  |  |
| --- | --- | --- |
| **DETAILED BUDGET** | **FROM** | **THROUGH** |
| **DOD CIVILIAN AND MILITARY PERSONNEL** | **TITLE/ POSITION** | **ANNUAL BASE SALARY** | **% EFFORT****ON****PROJECT** | **DOLLAR AMOUNT REQUESTED (OMIT CENTS)** |
| **NAME** | **ROLE ON****PROJECT** | **SALARY REQUESTED** | **FRINGE BENEFITS** | **TOTALS** |
|  |  |  |  |  |  |  | $ - |
|  |  |  |  |  |  |  | $ - |
|  |  |  |  |  |  |  | $ - |
|  |  |  |  |  |  |  | $ - |
|  |  |  |  |  |  |  | $ - |
| **SUBTOTALS** | **$ -** | **$ -** | **$ -** |
| **Enter DoD civilian and military level of effort, whether or not reimbursement of salary/fringe benefits is requested. If reimbursement is requested, the method of reimbursement will be handled during negotiations. In some cases, reimbursement may not be possible.** |  |
| CONSULTANT COSTS |  |
| MAJOR EQUIPMENT (ITEMIZE BY ITEM IN JUSTIFICATION) |  |
| MATERIALS, SUPPLIES, AND CONSUMABLES (ITEMIZE BY CATEGORY IN JUSTIFICATION) |  |
| TRAVEL COSTS |  |
| **Enter DoD civilian and military personnel travel costs. The USAMRMC RM office will directly fund the Military Facility for travel costs, if possible. If not possible, the military Facility will be required to cover the costs. Funds awarded to an extramural organization cannot be used to reimburse DoD civilian or military personnel travels costs.** |  |
| RESEARCH-RELATED SUBJECT COSTS |  |
| OTHER DIRECT COSTS (ITEMIZE BY CATEGORY IN JUSTIFICATION) |  |
| **SUBTOTAL DIRECT COSTS FOR THIS BUDGET PERIOD** | $ - |
| SUBCONTRACT COSTS | DIRECT COST | $ - |
| INDIRECT COST | $ - |
| **TOTAL DIRECT COSTS FOR THIS BUDGET PERIOD** | $ - |
| **TOTAL INDIRECT COSTS FOR THIS BUDGET PERIOD** |  |
| **TOTAL DIRECT AND INDIRECT COSTS FOR THIS BUDGET PERIOD** | $ - |

COLLABORATING DoD MILITARY FACILITY BUDGET FORM

Military Facility 0

Detailed Cost Estimate Form - Cumulative Budget Years 1-5

Name of Principal Investigator *(last, first, mid*

|  |  |
| --- | --- |
|  | 0 |
| **DETAILED BUDGET FOR ENTIRE PROPOSED PERIOD OF SUPPORT** |
| **BUDGET CATEGORY TOTALS 1** | **INITIAL BUDGET PERIOD****(FROM FORM PAGE 1)** | **ADDITIONAL YEARS OF SUPPORT REQUESTED** | **TOTAL** |
| **2nd** | **3rd** | **4th** | **5th** |
| PERSONNEL | $ - | $ - | $ - | $ - | $ - | $ - |
| FRINGE BENEFITS | $ - | $ - | $ - | $ - | $ - | $ - |
| CONSULTANT COSTS | $ - | $ - | $ - | $ - | $ - | $ - |
| MAJOR EQUIPMENT | $ - | $ - | $ - | $ - | $ - | $ - |
| MATERIALS, SUPPLIES,AND CONSUMABLES | $ - | $ - | $ - | $ - | $ - | $ - |
| TRAVEL COSTS | $ - | $ - | $ - | $ - | $ - | $ - |
| SUBJECT-RELATED COSTS | $ - | $ - | $ - | $ - | $ - | $ - |
| OTHER DIRECT COSTS | $ - | $ - | $ - | $ - | $ - | $ - |
| **SUBTOTAL DIRECT COSTS** | $ - | $ - | $ - | $ - | $ - | $ - |
| **SUBCONTRACT COSTS** | **DIRECT** | $ - | $ - | $ - | $ - | $ - | $ - |
| **INDIRECT** | $ - | $ - | $ - | $ - | $ - | $ - |
| **TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PERIOD OF SUPPORT** | **$ -** |
| **TOTAL INDIRECT COSTS FOR ENTIRE PROPOSED PERIOD OF SUPPORT** | **$ -** |
| **TOTAL COSTS FOR THE ENTIRE PROPOSED PERIOD OF SUPPORT****THIS AMOUNT SHOULD AGREE WITH THAT ENTERED IN THE REQUIRED FILES** | **$ -** |

1 Itemize all budget categories for each year on the Justification page that follows.

JUSTIFICATION: ITEMIZE ALL BUDGET CATAGORIES FOR EACH YEAR. FOLLOW THE BUDGET JUSTIFICATION INSTRUCTIONS IN THE GENERAL SUBMISSION INSTRUCTIONS EXACTLY. USE CONTINUATION PAGES AS NEEDED.