**SIU School of Medicine**

**Budget Justification Template**

**Personnel:**

**Personnel Name, Title, Department, SIU School of Medicine, Grant Role (for example, Principal Investigator, Co-Investigator, Project Director), # calendar months (#% effort)**

For all personnel who will contribute to the grant, including name, department, position title, academic base salary and FTE, percentage effort on grant, fringes, and salary amount that will be charged to the grant. This information documents anticipated faculty and staff effort, Associate Dean for Research and Department Chair approval, and assures that requested salary and costs have been correctly calculated. This will include both those who will be paid on the grant and those for whom cost-sharing will be requested. If cost sharing is requested, a Waiver Request for Voluntary Cost Sharing Form indicating the need and funding source must be approved by the relevant Department Chair. Total funded effort by any individual cannot exceed 100% FTE. PD/PIs must commit a minimum of 1% FTE. Effort paid through cost sharing is considered to be part of the individual's total committed effort. Describe the individual’s role on the grant and duties to be performed, as well as any relevant experience.

**Fringe Benefits:**

***Please use the following language:***

The SIU School of Medicine fringe benefit rate is a single percentage of salary that includes medical (including health, dental and life insurance), retirement and Medicare benefits. Southern Illinois University negotiated rates include **47.0% for full-time faculty and staff in Year 1, 54.9% in Year 2, and an increase of 1% each year thereafter through Year 5. Post-doctoral fellows** use the same fringe rate as full-time faculty and staff. **Retirees** are assessed **1.5% in Year 1 and 14.1% in Year 2 and beyond**, and **graduate students** are charged **one-half the primary care fee.**

**Supplies:**

Specifically, state type of supply and purpose, per unit cost x # needed. Include all supplies and commodities, including animal use costs, all delineated in general terms with calculations of expenses, and small items of equipment (<$5,000). For modular grants, delineation is not necessary for submission, however, a detailed budget and justification is needed for Grants and Contracts Office approval.

**Travel:**

Where, who, how long, method of travel, # days x # people x (daily hotel rate + per diem rate) =

What is the purpose of the trip, how will it benefit the project and fulfill the funder’s mission? Indicate persons or positions expected to travel and the estimated costs associated per trip, such as mileage, conference or meeting, hotel, and airfare.

The current mileage rate can be found here: <https://www2.illinois.gov/cms/Employees/travel/pages/travelreimbursement.aspx>

**Equipment:**

Items with a useful life of more than one year and a total cost over $5,000 per unit. Justification and, if applicable, varying recent quotes should be submitted.

**Contractual/Subawards:**

List any vendors or contractors you will partner with or hire to complete the work. Additionally, describe any subrecipient entities. Provide rates and details of services rendered. External contractual services, such as statistical support, Research Core Services, and other external contractual services should be listed with current rates and fees.

If the grant submission requires a subaward with an external agency, a Subrecipient Commitment Form is required. The form must be completed by the external institution and submitted with the required documents no later than 3 weeks prior to submission. If planning to subcontract with an external agency, please contact grants@siumed.edu as soon as possible (4-5 weeks prior to submission deadline), and the Office will be happy to facilitate this process with the external institution. Please note, the terms consortium, subcontract, and subaward are used interchangeably.

**Other/Miscellaneous:**

Describe any other costs associated with your project.

**Indirect Costs:**

***Please use the following language:***

Indirect Costs are calculated at 48.5% on modified total direct costs (MTDC) according to the DHHS approved Facilities and Administrative rate agreement (dated August 1, 2022). MTDC consist of all salaries and wages, fringe benefits, materials, supplies, services, travel and the first $25,000 of each subaward or subcontract.