Total Project Cost Template

NIIMBL funding and Committed Cost Share

**Instructions: Add or Delete sections/language as applicable for your proposed scope of work.**

**SENIOR PERSONNEL**

*[insert name]*, will oversee segment(s)[1-5] S/he will *[insert project tasks]* for the project. S/he will devote *[#]* months effort/FTE OR *[#]* hours in segment(s) segment(s) [1-5]. Salaries are increased by X% annually.\*

\*Repeat info above for any Senior and/or Key Personnel.

**OTHER PERSONNEL**

Funding is requested for *a [Project Manager/Process Engineer]* who will work on the project doing [insert description] S/he will devote *[#]* months effort/FTE OR *[#]* hours in all segment(s). Salaries are increased by X% annually

Funding is requested to support *[insert number] [enter effort amount]* Graduate Student(s)*]* in segment(s) [1-5]. The Graduate Student(s) will work on *[insert description]*. The annual salary amount for a Graduate Student is $X.XX for 12 months effort. Salaries are increased by X% annually.

Administrative salary for [insert position title] S/he will devote *[#]* months effort/FTE in segment(s) [1-5]. Salaries are increased by X% annually are requested in the budget as a direct cost as it meets the definition of §200.413. Proposed administrative salaries are integral to the project because *[insert project specific information stating why/how the salary is integral to the project]*. Proposed administrative salaries can be specifically identified with the project, are explicitly included in the budget, and are not recovered as indirect costs by our organization.

**FRINGE BENEFITS**

According to *[insert Org. Name]* policy, fringe benefits are calculated at or lower than our federally negotiated rates. A copy of the agreement can be found at: *[insert link to fringe rate agreement]*

OR

*[insert Org. Name]* calculates fringe benefits based on actual rates as follows: *[X.X]*% Retirement, *[X.X]*% Vacation, *[X.X]*% Health Insurance

OR

*Other rates [insert Org. Name]* calculates fringe benefits as follows:

\*A copy of your federally negotiated rate agreement, or copy of your standard business process for calculating fringe rates must be on file with NIIMBL at time of award.

**DOMESTIC TRAVEL**

Domestic travel is requested for the *[insert travelers- Ex: PI and process engineer]* to attend a project kickoff meeting and the NIIMBL National Meeting. Costs include registration ($X.XX), airfare ($X.XX), ground transportation ($X.XX), lodging ($X.XX per night for [#] nights), and meals ($X.XX for [#] days) per person. Additional Travel funds are requested during Segment(s) [1-5] for *[insert who, what, where, when, why and provide similar cost breakdown]*.

**FOREIGN TRAVEL (will be uncommon on NIIMBL awards)**

Repeat information above as appropriate.

\* All foreign travel will require prior written approval and must be Fly America compliant.

**SUPPLIES**

Funds are requested for supplies necessary to complete the project includingthe following:

|  |  |  |
| --- | --- | --- |
| General Category of Supplies | Cost | Justification of need |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Segment 1 Total | $ |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Segment 2 Total | $ |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Segment 3 Total | $ |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Segment 4 Total | $ |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Segment 5 Total | $ |  |

**OTHER DIRECT COSTS\***

ODC items should be explained by Segment(s) in relation to the project scope of work.

|  |  |  |
| --- | --- | --- |
| Other Category of Items | Cost | Justification of need/detailed description of cost item |
|  |  |  |
|  |  |  |
|  |  |  |
| Segment 1 Total | $ |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Segment 2 Total | $ |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Segment 3 Total | $ |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Segment 4 Total | $ |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Segment 5 Total | $ |  |

Common examples include:

1. Publication Costs
2. Consultants – include name, daily/hourly rate, estimated days/hours of service, travel costs, etc.

NOTE: a copy of your Consulting Agreement will be required prior to receiving NIIMBL funds

1. Computing Devices <$5K
2. Other – For other costs not specifically listed above, identify and provide details of the costs and why the costs are necessary for project completion. Examples include:

Equipment Rental/User fees

Service or Maintenance Contracts

1. Tuition – Funds in the amount of $XX are requested for tuition of graduate students working on this project per our institutional policy.
2. Facility Rental

\*Note: this list is not all inclusive. Add items as required. Delete items not needed.

**EQUIPMENT**

Equipment should be explained by Segment(s) in relation to the project scope of work.

|  |  |  |  |
| --- | --- | --- | --- |
| Equipment type | Cost | Justification of need | Fabrication or Purchase |
|  |  |  |  |
|  |  |  |  |
| Segment 1 Total | $ |  |  |
|  |  |  |  |
|  |  |  |  |
| Segment 2 Total | $ |  |  |
|  |  |  |  |
|  |  |  |  |
| Segment 3 Total | $ |  |  |
|  |  |  |  |
|  |  |  |  |
| Segment 4 Total | $ |  |  |
|  |  |  |  |
|  |  |  |  |
| Segment 5 Total | $ |  |  |

Written prior approval and copies of vendor quotes may be required at time of project award.

**PARTICIPANT SUPPORT COSTS**

Participant support costs, which may be applicable to NIIMBL Workforce projects, include stipends or subsistence allowances, travel allowances, and/or registration fees paid to or on behalf of participants in conferences or trainees in training programs.

**Segment 1** *[#]* participants at *$[XX.XX]* per person to *[insert project specific information]*. Costs will cover *[insert project specific information]*.

**Segment 2** *[#]* participants at *$[XX.XX]* per person to *[insert project specific information]*. Costs will cover *[insert project specific information]*.

**Segment 3** *[#]* participants at *$[XX.XX]* per person to *[insert project specific information]*. Costs will cover *[insert project specific information]*.

**Segment 4** *[#]* participants at *$[XX.XX]* per person to *[insert project specific information]*. Costs will cover *[insert project specific information]*.

**Segment 5** *[#]* participants at *$[XX.XX]* per person to *[insert project specific information]*. Costs will cover *[insert project specific information]*.

**INDIRECT COSTS**

*[insert Org. Name]*’s Indirect Cost (IDC) rates are approved by *[insert your Cognizant Agency]*. Our current negotiated rate of *[XX.X]*% was applied to Modified Total Direct Costs (MTDC). A copy of our Negotiation agreement can be found at [*[insert*](https://research.udel.edu/wp-content/uploads/formidable/35/UD-FY19-FY21-Signed-FA-Rate-Agreement.pdf) *link to IDC agreement]*.

**OR**

*[insert Org. Name]* does not currently have a federally negotiated indirect cost rate agreement. Additionally, *[insert Org. Name]* has never had a federally negotiated indirect cost rate agreement. We are electing to apply the 10% de minimus to Modified Total Direct Costs as defined in 2 CFR 200.414 and §200.68.

**OR**

No indirect costs are applied to this budget.

\*Note: for Global Health Fund the Indirect Cost rate can be calculated on Total Direct Costs and is capped as follows:

0% for Government Agencies, Other private foundations

Up to 10% for U.S. Universities, U.S. community colleges

Up to 15% for Non-governmental organizations, Multilateral Organizations, Non-U.S. universities, For-profit organizations

Or, your organizations IDC rate if lower than stated above