

Introductory NIH Grants & Budgets

MAGI's Clinical Research Conference - 2012 East

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Types of Awards

- Research grants
- Career development awards
- Training grants
- Individual fellowships
- Career transition awards
- Cooperative agreements
- Administrative supplements
- Institutional Clinical & Translational Science Award (CTSA)
- Contracts
- Loan Repayment Program

NIH Extramural Program

| Mechanism | NIH Role |
|-----------------------|---|
| Grant | Patron (Assistance, encouragement) |
| Cooperative Agreement | Partner (Assistance but substantial program involvement) |
| Contract | Purchaser (Procurement) |

Research Grants

Research Project (Traditional R01)

- To support a discrete, specified project related to the principal investigator's interests and competence. Most of the research that NIH supports is through this funding mechanism.

Cooperative Agreements

- U01: Research Project
 - To support a discrete project.
- U10: Cooperative Clinical Research
 - “To support clinical evaluation of various methods of therapy and/or prevention in specific disease areas...
- U19: Research Program
 - Multiple projects directed toward a specific major objective, multidisciplinary and often long-term
- U54: Specialized Center
 - “Full range of research, basic to clinical, Centers may also serve as regional or national resources

Contracts

- Awards for specific inquiry directed towards particular areas of research and development
- Funding sponsor wishes to utilize advances in knowledge and technology to search for solutions to specific requirements
- Contract performance is monitored closely to ensure accomplishment of contract goals

Review Criteria

- Differs from that of grants
- Offerors respond to a 'Request for Proposal' (RFP) or a 'Broad Agency Announcement' (BAA)
- Proposals evaluated against criteria specified in RFP
- Recommendations of peer reviewers, and the results of separate NIH staff reviews, provide the basis for discussions with offerors in the competitive range

- Offeror is requested to submit best and final offer (BAFO)
- Final selection of offeror is made on the basis of the BAFO, judged most advantageous to the government, according to the RFP evaluation criteria

Budget Justification

- Complete
- Comprehensive
 - Concise
- Calculated correctly

Budget - overview

- Make sure that the requested funding ‘matches’ the scientific project proposed.
 - Peer reviewers will be able to detect if:
 - The budget is ‘padded’.
 - The budget is insufficient to support the project, evoking questions concerning how well investigator understands scope of project
- Describe additional funding for project, if any (pharmaceutical/biotech company)

Budget - overview

- Most categories are usually increased 2%-3% per year
- Equipment is usually purchased in the 1st year
- Plan for unusual changes in future years (e.g. additional personnel, reduction in the number of patient care costs) should be built into the budget and explained in the budget justification

Budget-categories (I)

- A. and B. Senior/Key and Other Personnel
 - Salary and fringe; employees of the University
 - Role on Project
 - Identify role, does not have to be official university title.
 - Justify and describe specific functions in budget justification section

RESEARCH & RELATED BUDGET - SECTION A & B, BUDGET PERIOD 1

* ORGANIZATIONAL DUNS:

* Budget Type: Project Subaward/Consortium

Enter name of Organization:

* Start Date: * End Date: Budget Period 1

A. Senior/Key Person

| Prefix | * First Name | Middle Name | * Last Name | Suffix | * Project Role | Base Salary (\$) | Cal. Months | Acad. Months | Sum. Months | * Requested Salary (\$) | * Fringe Benefits (\$) | * Funds Requested (\$) |
|--------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|-------------------------|------------------------|------------------------|
| 1. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | PD/PI | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 5. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 6. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 7. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 8. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

9. Total Funds requested for all Senior Key Persons in the attached file

Total Senior/Key Person

Additional Senior Key Persons:

B. Other Personnel

| * Number of Personnel | * Project Role | Cal. Months | Acad. Months | Sum. Months | * Requested Salary (\$) | * Fringe Benefits (\$) | * Funds Requested (\$) |
|-----------------------|------------------------------|----------------------|----------------------|----------------------|-------------------------|------------------------|------------------------|
| <input type="text"/> | Post Doctoral Associates | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | Graduate Students | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | Undergraduate Students | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | Secretarial/Clerical | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
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| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | Total Number Other Personnel | | | | | | <input type="text"/> |

Total Other Personnel

Total Salary, Wages and Fringe Benefits (A+B)

Personnel (I)

- Institutional Base Salary
 - Prorate for budget period
 - Take into consideration yearly increases for professional and support staff
 - Current PHS (NIH) cap of \$179,700

Personnel (II)

- Salary Requested
 - Usually institutional base salary x effort on grant
 - Usually based on calendar months
- Fringe Benefits
 - Government-funded sponsored projects

RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 1

* ORGANIZATIONAL DUNS:

* Budget Type: Project Subaward/Consortium

Enter name of Organization:

* Start Date: * End Date: Budget Period 1

C. Equipment Description

List items and dollar amount for each item exceeding \$5,000

| | Equipment Item | * Funds Requested (\$) |
|-----|---|------------------------|
| 1. | <input type="text"/> | <input type="text"/> |
| 2. | <input type="text"/> | <input type="text"/> |
| 3. | <input type="text"/> | <input type="text"/> |
| 4. | <input type="text"/> | <input type="text"/> |
| 5. | <input type="text"/> | <input type="text"/> |
| 6. | <input type="text"/> | <input type="text"/> |
| 7. | <input type="text"/> | <input type="text"/> |
| 8. | <input type="text"/> | <input type="text"/> |
| 9. | <input type="text"/> | <input type="text"/> |
| 10. | <input type="text"/> | <input type="text"/> |
| 11. | Total funds requested for all equipment listed in the attached file | <input type="text"/> |
| | Total Equipment | <input type="text"/> |

Additional Equipment:

D. Travel

Funds Requested (\$)

| | |
|---|----------------------|
| 1. Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions) | <input type="text"/> |
| 2. Foreign Travel Costs | <input type="text"/> |
| Total Travel Cost | <input type="text"/> |

C. Equipment

- Items costing \$5,000 or more with a lifespan of at least one year
- List each item separately
- Justify each item
- May include price quote

D. Travel

- Itemize in budget justification
- Justify purpose, destination of each trip, no. of individuals traveling
- Special consideration for foreign travel
- Some NIH clinical research funding announcements require travel to NIH for investigator/network meetings (e.g. 1x or 2x per year)

F. Other Direct Costs

Funds Requested (\$)

1. Materials and Supplies

2. Publication Costs

3. Consultant Services

4. ADP/Computer Services

5. Subawards/Consortium/Contractual Costs

6. Equipment or Facility Rental/User Fees

7. Alterations and Renovations

8.

9.

10.

Total Other Direct Costs

Budget-categories

- F. Other Direct Costs
 - Material and Supplies
 - Itemize in separate categories those $> \$1,000$
 - Chemicals and reagents, radioisotopes, tissue culture/molecular biology supplies

Budget-categories

- Patient Care Costs
 - Separate outpatient and inpatient costs
 - Provide names of hospitals and clinics, State whether each has a DHHS research patient care rate agreement-if not, describe basis for calculating costs
 - Provide information per site
 - Include no. of patient days, cost per day, and cost per test or treatment
 - Discuss patient accrual and relate to budget
 - Include only research-related costs, not standard of care costs to be billed elsewhere
 - Other sources of support?

Budget-categories

- Subcontracts/Consortiums
 - Portion of the work will be conducted at another site, funding will “flow” from NIH to Prime institution to subcontracted institution (domestic or foreign), e.g. patient recruitment site
- Professional fees (e.g. radiologists)
- Service Agreements
- Core Facilities
- Publication Costs
- Consultant Costs

R&R SUBAWARD BUDGET ATTACHMENT(S) FORM

Instructions: On this form, you will attach the R&R Subaward Budget files for your grant application. Complete the subawardee budget(s) in accordance with the R&R budget instructions. Please remember that any files you attach must be a PDF document.

[Click here to extract the R&R Subaward Budget Attachment](#)

Important: Please attach your subawardee budget file(s) with the file name of the subawardee organization. Each file name must be unique.

| | | | | |
|---------------------------------|--|----------------|-------------------|-----------------|
| 1) Please attach Attachment 1 | | Add Attachment | Delete Attachment | View Attachment |
| 2) Please attach Attachment 2 | | Add Attachment | Delete Attachment | View Attachment |
| 3) Please attach Attachment 3 | | Add Attachment | Delete Attachment | View Attachment |
| 4) Please attach Attachment 4 | | Add Attachment | Delete Attachment | View Attachment |
| 5) Please attach Attachment 5 | | Add Attachment | Delete Attachment | View Attachment |
| 6) Please attach Attachment 6 | | Add Attachment | Delete Attachment | View Attachment |
| 7) Please attach Attachment 7 | | Add Attachment | Delete Attachment | View Attachment |
| 8) Please attach Attachment 8 | | Add Attachment | Delete Attachment | View Attachment |
| 9) Please attach Attachment 9 | | Add Attachment | Delete Attachment | View Attachment |
| 10) Please attach Attachment 10 | | Add Attachment | Delete Attachment | View Attachment |

Consultants

- Individuals involved in project who are not employees of applicant organization or those involved in subcontracts
- Include names and organizational affiliations
- Describe role and services to be performed (e.g. member of advisory committee, consulting physician)
- Describe no. of days involvement, compensation, travel, per diem, etc.

H. Indirect Costs

| | Indirect Cost Type | Indirect Cost Rate (%) | Indirect Cost Base (\$) | * Funds Requested (\$) |
|-----------------------------|----------------------|------------------------|-------------------------|------------------------|
| 1. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 2. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 3. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 4. | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Total Indirect Costs | | | | <input type="text"/> |

Indirect Costs

- Also called Facilities and Administration (F&A)
- Percentage of direct costs
- Federally negotiated rate
- MTDC-Modified Total Direct Costs:
Some items (equipment, patient care costs, tuition, subcontracts > \$25K) not included in direct costs base.

Budget - Future Years

- Most categories are usually increased 2%-3% per year
- Plan for unusual changes in future years (e.g. additional personnel, reduction in the number of patient care costs), build that into the budget and explain in the budget justification
- Equipment is usually purchased in the 1st year

RESEARCH & RELATED BUDGET - Cumulative Budget

| | | Totals (\$) |
|---|----------------------|----------------------|
| Section A, Senior/Key Person | | <input type="text"/> |
| Section B, Other Personnel | | <input type="text"/> |
| Total Number Other Personnel | <input type="text"/> | |
| Total Salary, Wages and Fringe Benefits (A+B) | | <input type="text"/> |
| Section C, Equipment | | <input type="text"/> |
| Section D, Travel | | <input type="text"/> |
| 1. Domestic | <input type="text"/> | |
| 2. Foreign | <input type="text"/> | |
| Section E, Participant/Trainee Support Costs | | <input type="text"/> |
| 1. Tuition/Fees/Health Insurance | <input type="text"/> | |
| 2. Stipends | <input type="text"/> | |
| 3. Travel | <input type="text"/> | |
| 4. Subsistence | <input type="text"/> | |
| 5. Other | <input type="text"/> | |
| 6. Number of Participants/Trainees | <input type="text"/> | |
| Section F, Other Direct Costs | | <input type="text"/> |
| 1. Materials and Supplies | <input type="text"/> | |
| 2. Publication Costs | <input type="text"/> | |
| 3. Consultant Services | <input type="text"/> | |
| 4. ADP/Computer Services | <input type="text"/> | |
| 5. Subawards/Consortium/Contractual Costs | <input type="text"/> | |
| 6. Equipment or Facility Rental/User Fees | <input type="text"/> | |
| 7. Alterations and Renovations | <input type="text"/> | |
| 8. Other 1 | <input type="text"/> | |
| 9. Other 2 | <input type="text"/> | |
| 10. Other 3 | <input type="text"/> | |
| Section G, Direct Costs (A thru F) | | <input type="text"/> |
| Section H, Indirect Costs | | <input type="text"/> |
| Section I, Total Direct and Indirect Costs (G + H) | | <input type="text"/> |
| Section J, Fee | | <input type="text"/> |

Modular Grants: The Rationale

- Redefines the “R”-type grants as an assistance mechanism
- Simplifies process and minimizes budget negotiation
- Focuses all parties on science

Modular Grants: The Basics

- Up to \$250,000 requested direct costs in any year
 - Does not include F&A of subcontracts
- RFAs with budgets of more than \$250,000 may be modular at NIH Institute/Center's discretion
- Direct costs requested in module amounts of \$25,000

Modular Grants: Budget

- For most proposals, the same number of modules should be requested in each year; no modules are added for inflationary increases
- Only the direct costs of a consortium/contractual agreement should be included in the direct cost modules (i.e. not the indirect costs)

Modular Grants: Budget

- Additional direct costs can be added in \$25,000 modules for increases due to large, one-time equipment purchases or major changes in budget due to research needs (for example, varying patient costs or the short term need for interviewers)
- Yearly variations in the number of modules must be justified in narrative form

Modular Grants: The Basics

- Applicant will provide personnel and other budget information in narrative format only
- NIH may adjust number of modules and Institutes/Centers can adjust to cost management plan

How to Determine the Standard Number of Modules

- Determine the project direct costs. Divide by 25,000 and by number of years. Round to the nearest whole number.
- Example:
 - Year 01: \$150,000, Year 02: \$156,000, Year 03: \$162,240, Year 03: \$168,730, Year 04: \$175,479, and Year 05: 182,498
 - Total for the five years: \$859,947
 - Divided by 25,000: 34.40
 - Divided by 5 years: 6.88
 - Request 7 modules or \$175,000 each year

Modular Grants: Budget Justification

- Provide the narrative under the table for the “Modular Budget Format Page”
- Information, in narrative form, will be provided for:
 - All Personnel
 - Significant budget items that result in a change in the number of \$25,000 modules
 - Consortium/Contractual arrangements, when applicable

Modular Grants: Budget Justification

- Under Personnel: List all personnel, including:
 - Names
 - Roles on the project
 - Number of calendar months
 - e.g. 6 cal months = 50% effort
 - Do **not** provide salary information
- Provide a justification for any variation in the number of modules requested

Modular Grants: Budget Justification

- For Consortium/Contractual costs:
 - Name(s) of participating institution(s) and whether foreign or domestic
 - Estimate of total costs (direct plus indirect) for each year rounded to nearest \$1,000
 - List all personnel
 - Role on the project
 - Effort on project

PHS 398 Modular Budget, Periods 1 and 2

OMB Number: 0925-0001

Budget Period: 1

Start Date:

End Date:

A. Direct Costs

* Funds Requested (\$)

* Direct Cost less Consortium F&A

Consortium F&A

* Total Direct Costs

B. Indirect Costs

Indirect Cost Type

Indirect Cost
Rate (%)

Indirect Cost
Base (\$)

* Funds Requested (\$)

1.

2.

3.

4.

Cognizant Agency (Agency Name, POC Name and Phone Number)

Indirect Cost Rate Agreement Date

Total Indirect Costs

C. Total Direct and Indirect Costs (A + B)

Funds Requested (\$)

C. Total Direct and Indirect Costs (A + B)

Funds Requested (\$)

Cumulative Budget Information**1. Total Costs, Entire Project Period**

*Section A, Total Direct Cost less Consortium F&A for Entire Project Period

\$

Section A, Total Consortium F&A for Entire Project Period

\$

*Section A, Total Direct Costs for Entire Project Period

\$

*Section B, Total Indirect Costs for Entire Project Period

\$

*Section C, Total Direct and Indirect Costs (A+B) for Entire Project Period

\$

2. Budget Justifications

Personnel Justification

Add Attachment

Delete Attachment

View Attachment

Consortium Justification

Add Attachment

Delete Attachment

View Attachment

Additional Narrative Justification

Add Attachment

Delete Attachment

View Attachment

Resources for Grant Writing

- Writing a Grant Proposal
(Application Forms and Writing Tips)

<http://grantscourse.columbia.edu/writing.htm>