

Newton-Wellesley Hospital

Research Budget

Title: _____

PI: _____

Funding Source: _____

Projected # of Patients: _____

Protocol # _____

Projected Time Frame: _____

| 1. Personnel | | | | | | |
|---|--------------------|-----------------|--------------------------------|-------------------------------------|------------------------------------|--------------|
| Role | # of Months | % effort | Base Salary¹ | Salary Requested² | Fringe Benefits³ | Total |
| Investigator | | | | | | |
| Co-Investigator | | | | | | |
| Study Coordinator | | | | | | |
| Administrative Assistant | | | | | | |
| Other (Specify): _____ | | | | | | |
| | | | | Total: | | |
| 1. Base Salary is the Annual Salary Paid to the Employee -- Investigators should factor in a 2% increase in salary for multi-year projects 2. Salary Requested is (Monthly Base Salary x # months) x % effort 3. Fringe Benefits is salary requested x current f/b allocation % (Currently 26%) | | | | | | |
| 2. Consultant Costs (Itemize) | | | | | | |
| | | | | | | |
| 3. Equipment (Itemize) | | | | | | |
| | | | | | | |
| 4. Supplies (Itemize by Category) | | | | | | |
| Office Supplies: | | | | | | |
| Copying Expenses: | | | | | | |
| Other: _____ | | | | | | |
| Total: | | | | | | |
| 5. Travel Expenses | | | | | | |
| | | | | | | |
| 6. Patient Care Costs¹ | | | | | | |
| A. Laboratory Tests - List Procedures | | | | | | |
| _____ | | | | | | |
| _____ | | | | | | |
| _____ | | | | | | |
| B. Radiology Exams - List Procedures | | | | | | |
| _____ | | | | | | |
| _____ | | | | | | |
| C. Other Procedures - List | | | | | | |
| _____ | | | | | | |
| _____ | | | | | | |
| D. Pharmacy Charges (complete Pharmacy Charge Form) | | | | | | |
| F. Room Charges | | | | | | |
| G. Other - Itemize | | | | | | |
| _____ | | | | | | |
| _____ | | | | | | |
| Total Patient Care Costs: | | | | | | |
| 1. Use the Clinical Trial Budget Template to provide additional details and specifics | | | | | | |
| 7. Alterations and Renovations | | | | | | |
| | | | | | | |

| | | |
|---|---------------|--|
| 8. Other Expenses(Itemize) | | |
| Recruiting/Advertising | | |
| Postage | | |
| Telephone Charges | | |
| Patient Parking | | |
| Other: _____ | | |
| | Total: | |
| 9. Sub-Contract Expenses | | |
| Direct | | |
| Indirect | | |
| 10. Total Direct Costs | | |
| | | |
| 11. Indirect Costs (Rate varies depending on funding source) | | |
| Total of Sections 1, 2, 4, 5, & 8: | | |
| Indirect Costs: (See Budgeting and Contracting for Clinical Trials and Grants Policy for applicable rate) | | |
| Total Budget | | |