**Detailed Budget and Justification Form**

**A.** Complete the Budget Grid in Section G below. A detailed budget justification is required for all costs. A budget section should include a justification of why the funds are necessary and how they will be used to enhance your educational scholarship. Include relevant equipment, supplies, or research tools. **Grant requests should be a minimum $500 and up to a maximum of $5000.**

**B.** We recommend seeking statistical help for your work prior to submitting. Please contact YCAS (Yale Center for Analytical Sciences) for help if you do not have another source. If you are requesting funding for statistical support, please indicate who you are using and include their pay scale rate and hours they estimate for your project.

**C. Please do not put in random number estimations for funding.**  Check prices with a distributor if you plan to purchase something (e.g., glucose test strips, reminder cards) and include the name of that company and their supply cost.

**D. Items allowable in the budget include:**

- Supplies/expenses (e.g., duplication, mailings, software, task trainers etc.).

- Data transcription costs

- Reasonable incentives for research subjects

- Travel to conduct the study (if multi-institutional)

**E. Items that will not be supported:**

- Faculty salary

- Salary support for any investigators or personnel

- Indirect costs (e.g., overhead benefits etc.)

- Conference travel, conference fees, abstract submission, lodging, posters, etc.

- Society memberships

- Computer hardware

- Facility fees

- Medical equipment costs

- Journal subscriptions

- Patient transportation

**F.**  If you are asking for funding for a specific person (for example, a social worker to conduct interviews), we will need that person’s name, if known, including their position (at Yale or at another location) listed in the chart.

**G. Your Itemized Budget**

**Principal Investigator (Must be a Department of Internal Medicine Faculty Member)**

|  |
| --- |
| **Name**: |
| **Section**: |

Please complete the Budget table below. Be specific with each line item.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item** | **Quantity** | **Proposed Cost/Rate** | **Subtotal** | **Justification (please be specific)** |
| *Example: gift cards* | *50* | *$10 each* | *$500.00* |  |
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| **TOTAL FUNDS REQUESTED** |  | $ |  |  |

**H. Payments and Reimbursements**

The Department of Internal Medicine will be responsible for processing all grant expenditures.

Information regarding how funds will be disbursed will be detailed at the time of grant acceptance.

NOTE: **IRB approval is required** before any funding can be obtained.