|  |  |
| --- | --- |
| **PROJECT TITLE** (*Same as “Cover Page”*)**:** | **FY2023 Funds Requested** |
| **PRINCIPAL INVESTIGATOR:** |
| **A. Senior/Key Persons** *(i.e., PI/PD)*  | $ |
| **B. Other Personnel** *(Post-Docs, Graduate Students, Secretarial/Clerical, Research Technician, Temporary Labor,**and Other)*  | $ |
| Total Number of “Other Personnel”: |  |  |
| **Total Salaries, Wages and Fringe Benefits** *(A + B)*  | $ |
| **C. Equipment**  | $ |
| **D**. **Travel** *(Insert total amount for D. Travel to left and totals for subsections (1 and 2) below)*  | $ |
| 1. Domestic  |  | **YES [ ] NO [ ]** |
| **Do you plan to attend the 2023 NPMTI Annual Meeting?** |
| 2. Foreign  |  |
| **E. Participant/Trainee Support Costs** *(Insert total for E to left and totals for sub sections below)*  | $ |
| 1. Tuition/Fees/Health Insurance  | $ |  |
| 2. Stipends  | $ |
| 3. Travel  | $ |
| 4. Subsistence  | $ |
| 5. Other  | $ |
| Total Number of Participants/Trainees: |  |
| **F. Other Direct Costs** *(Insert total for F to left and totals for sub sections below)*  | $ |
| 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. Other - Miscellaneous  | $ |  |
| **G. Total Direct Costs** *(Total Salaries, Wages and Fringe thru F)*  | $ |
| **H. Indirect Costs** Not available to ARS scientists or to PI’s at State Cooperative Institutions as defined in 7 U.S.C. 3103(18), such as land grant universities. | $ |
| **I. Total Direct and Indirect Costs *(G + H)* **Equal to the budget guidance provided by NPMTI Networking & Facilitation Office | $ |
| **J. FEE - Small Business Act – SBIR Fee** *(3.65%)* The budget guidance provided by NPMTI Networking & Facilitation Office (NFO), is a net dollar amount that has already accounted for the SBIR fee.  | $ |
| **K. Total Amount of This Request** *(I + J)*  | **$** |
| **PRINCIPAL INVESTIGATOR’S NAME**(Type or Print) | **PI’s E-SIGNATURE**(Insert image of signature or digitally sign with Adobe,) | **DATE** |
|  |  |  |

BUDGET SUMMARY

**BUDGET JUSTIFICATION FORM**

|  |
| --- |
| **Title of Proposed Project:** |
| **Principal Investigator:** |
|  **Total Amount Requested FY22:** | **$** |

**Instructions:** Complete all applicable sections below where funds are being requested; description (left columns) and requested amount (right column). If budget category is not applicable, leave line item blank. NOTE: All amounts **must be rounded** to the nearest whole number.

|  |  |
| --- | --- |
| **A. SENIOR/KEY PERSON:** In fields below, add details for salary and fringe benefits associated with the Senior/Key Person (i.e., PI/PD). **Details should include PI’s Base Salary ($), the number of Calendar, Academic, and/or Summer months/time to be devoted to the research project.** Provide subtotals for both “Salary” and “Fringe Benefits” to the right of the descriptive details. The total amount requested for the Senior/Key Person category should be included in the far-right column. | **T OTAL $ A MT.****R EQUESTED F OR****S ENIOR/KEY P ERSON** |
| Salary: | $ | $ |
| Fringe Benefits: | $ |

|  |  |
| --- | --- |
| **B . OTHER PERSONNEL:** For each subcategory listed below, add details for salary and fringe benefits associated with that subcategory. Details should include the percentage of time (months)/total hours to be devoted to the research project, rate of pay and fringe rate. Include the amounts requested for Salary, Fringe Benefits, and number of personnel for each subcategory (Post Doc, Graduate Students, Undergraduate Students, etc.) as well as the total amount. The TOTAL amount requested for ALL “Other Personnel” should be entered in the far-right column. | **T OTAL $ A MT.****R EQUESTED F OR OTHER P ERSONNEL** |
|  | **Sub Total $ Amts. Request for Salary and****Fringe Benefits** | **Total $Amt. Requested per Sub-****Category(ies)** | $ |
| **Post-Doctoral Associates** | $ |
| Salary: | $ |
| Fringe Benefits: | $ |
| Number of Post-Doc Personnel: |  |
| **Graduate Students. NOTE:** Graduate Student Tuition/Fees/Health Insurance should be included in section “**Participant/Trainee Support Costs” (E1).** | $ |
| Salary: | $ |
| Fringe Benefits: | $ |
| Number of Graduate Student Personnel: |  |
| **Undergraduate Students** | $ |
| Salary: | $ |
| Fringe Benefits: | $ |
| Number of Undergraduate Student Personnel: |  |
| **Secretarial/Clerical** | $ |
| Salary: | $ |
| Fringe Benefits: $ |
| Number of Secretarial/Clerical Personnel: |  |

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| --- | --- | --- | --- |
| **B . OTHER PERSONNEL** *(cont.)* | **Sub Total $ Amts. Request for Salary and****Fringe Benefits** | **Total $Amt. Requested per Sub-****Category(ies)** |  |
| **Other – Research Technician** | $ |  |
| Salary: | $ |
| Fringe Benefits: | $ |
| Number of Other – Research Technician Personnel: |  |
| **Other – Temporary Labor** | $ |
| Salary: | $ |
| Fringe Benefits: | $ |
| Number of Other – Temporary Labor Personnel: |  |
| **Other (Specify)** | $ |
| Salary: | $ |
| Fringe Benefits: | $ |
| Number of Other Personnel: |  |

|  |  |
| --- | --- |
| **C . EQUIPMENT:** List below any items whose total dollar amount exceeds $5,000 and has a useful life of one year or more. Justification must include relevance to proposed research and dollar amounts. Include cost per item if more than one item will be purchased AND the total amount requested for this budget category in right column. | **T OTAL $****R EQUESTED F OR****E QUIPMENT** |
|  | $ |

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| --- | --- |
| **D . TRAVEL:** Travel costs are the projected expenses for transportation, lodging, subsistence, and related items incurred by employees who are in travel status on official business related to the Federal award. This category is only for cooperator staff travel. Provide requested amount for domestic and foreign travel (middle $ column) in addition to the “Total $ Requested for Travel” (left $ column). The travel costs should be supported with the purpose of the travel, the estimated amount of the trip(s) and the destination(s) if known at the time of award. It is not necessary to identify traveler names and travel dates. | **T OTAL $****R EQUESTED F OR TRAVEL** |
| **D.1. Domestic Travel (DT):** List below proposed trips individually and describe their purpose in relation to the proposed research. Also provide dates, destination, and number | **T otal $** | $ |
| o f travelers where known. Include total amount per subcategory below next to ‘$’and | **R equested** |  |
| total amount requested for DT in middle column. Enter the total for Travel (DT and FT) | **f or Domestic** |  |
| in the far-right column. | **T ravel** |  |
| **Research Related** (i.e., travel to research plots or NPMTI meetings) | $ | $ |  |
| **Non-Research Related** (i.e., professional meetings): |  |  |
| APS Forum: | $ |  |  |
| Other Conferences/Meetings: | $ |  |  |

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| **D.2. Foreign Travel (FT):** List below proposed trips individually and describe their purpose in relation to the proposed research. Also provide dates, destination, and number o f travelers where known. Include total amount per subcategory below and total amount requested for FT in column on the right. | **T otal $****R equested f** **or Foreign****T ravel** |  |
| **Research Related** (i.e., travel to research plots): | $ | $ |
| **Non-Research Related** (i.e., professional meetings): | $ |  |

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| --- | --- |
| **E . PARTICIPANT/TRAINEE SUPPORT COSTS (P/TSC):** *Participant support costs* means direct costs for items such as stipends or subsistence allowances, travel allowances, and registration fees paid to or on behalf of participants or trainees (but not employees) in connection with conferences or training projects. The cost of training and education provided for employee (i.e., Graduate and Undergraduate Students) development is allowable. Include total amount per subcategory below next to ‘$’ and total amount requested for “Participant/Trainee Support Costs” in column one the right (i.e., Total $ Requested).**NOTE:** Tuition Remission is not allowed to PIs who are currently being funded under a NACA; specifically to PIs at State Cooperative Institutions per 7 U .S.C 3319  | **T OTAL $****R EQUESTED F OR P/TSC** |
| **1. Tuition/Fees/Health Insurance:** | $ | $ |
| **2. Stipends:** | $ |
| **3. Travel:** | $ |
| **4. Subsistence:** | $ |
| **5. Other**: | $ |

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| **F . OTHER DIRECT COSTS (ODC):** This section contains multiple subcategories. Totals per subcategory are required inaddition to the total requested for Other Direct Costs (far-right column). If there are additional subcategories under the main subcategories (i.e., Materials and Supplies), provide a total as well. |
|  | **F .1. Materials and Supplies (M/S):** In the space below, provide as much detail and specificity as possible for all materials and supplies associated with proposed research. Materials and Supplies should be described in detail e.g., chemical reagents, printer/field paper and supplies, glassware, lumber, etc., under each subcategory (Field, Greenhouse, Laboratory and Other). Include total amount per subcategory below next to ‘$’ and total amount requested for M/S in the middle column (i.e., Total $ Amt. Requested – M/S) | **T otal $ Amt.****R equested - M/S** | **T OTAL $ AMT. R EQUESTED -****O DC** |
|  | **Field**: | $ | $ | $ |
|  | **Greenhouse**: | $ |
|  | **Laboratory**: | $ |
|  | **Other**: | $ |

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| **F . OTHER DIRECT COSTS (ODC)** *(cont.)* |
|  | **F .2. Publications and Printing Costs (PPC):** Below, provide details for any publication costs for electronic and print media, including distribution, promotion, and general handling, for which funds are being requested. NOTE: Page charges for professional journal publications are allowable provided publications report research that was supported by USDA-ARS. | **T otal $ Amt. R equested -****P PC** |  |
|  |  |  |
|  | **F .3. Consulting Services (CS):** For each consultant, list below the services he/she will perform, total number of days, travel costs, and the total estimated costs. Please include names and organizational affiliations for all consultants, other than those involved incontractual arrangements. | **T otal $ Amt.****R equested - CS** |
|  |  | $ |
|  | **F .4. Automatic Data Processing /Computer Services (ADP/CS):** This section covers cost of computer services, including computer-based retrieval of scientific, technical, and education information. In the space below, list all ADP/CS and include the establishedcomputer service rates, if applicable. | **T otal $ Amt. R equested -****A DP/CS** |
|  |  | $ |
|  | **F .5. Subawards/Contractual Costs (SCC):** In the space below, provide details for all costs associated with subawards and contractual costs. The total requested amount for this subcategory should include both direct and indirect costs for all subaward organizations. A separate budget for the subaward should be included (i.e., attached to fundingapplication). | **T otal $ Amt. R equested -****S CC** |
|  |  | $ |
|  | **F .6. Equipment/Facility/Land Rental and User Fees (RUF):** List the total funds requested for equipment or facility rental/user fees. Justify each rental user fee byproviding specific details (e.g., Land Rental Fees – number of acres/cost per acre). | **T otal $ Amt.****R equested – R UF** |
|  |  | $ |
|  | **F .7. Alterations and Renovations (A&R):** List the total funds requested for alterations and renovations (A&R). Justify (i.e., required in order to carry out research) the costs of alterations and renovations, including repairs, painting, and removal or installation of partitions, shielding, or air conditioning. Where applicable, provide the square footageand costs. | **T otal $ Amt. R equested – A R** |
|  |  | $ |

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| **F . OTHER DIRECT COSTS (ODC)** *(cont.)* |
|  | **F .8. Other - Miscellaneous Direct Costs (OMDC):** Under each r elevant subcategory below, enter a brief description and basis for the estimate (i.e., individual fee rate/price). Include total amount per subcategory below next to ‘$’ and total amount requested for ODC in column on the right. | **T otal $ Amt. R equested -****O MDC** |  |
|  | **Service Laboratory Fees**: | $ | $ |
|  | **U.S.**-**based Winter Nurseries**: | $ |
|  | **International Nurseries**: | $ |
|  | **Double Haploids**: | $ |
|  | **Other Analyses/Services:** | $ |
|  | **Communication (postage, shipping, fax, long distance phone)**: | $ |
|  | **Photocopying**: | $ |
|  | **Other MODC** (describe): | $ |

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| --- | --- |
| **H . Indirect Costs (IDC):** Provide below your Institution’s approved Indirect Cost (IDC) rate for NPMTI/USDA-ARS grants. Per P ublic Law 115-334, Sec. 7303 of H.R. 2 – Agriculture Improvement Act o f 2018, Congress has set an Indirect Cost Rate limit for pre-proposals submitted to the NPMTI of **NOT** more than 10%. The grantee is allowed to charge their applicable Federally Negotiated Indirect Cost Rate Agreement (NICRA) rate or 10%, whichever is less. The allocation basis (e.g., Modified Total Direct Costs) for the indirect costs is whatever was approved in the grantee’s current NICRA.**NOTE: IDC/F&A is not applicable for ARS Scientists or PIs currently being funded under a NACA or Non- assistance Cooperative Agreement at State Cooperative Institutions** | **T OTAL $ A MT.****R EQUESTED F OR IDC** |
| **IDC Rate/Type: IDC Base Amount:** | $ |

|  |  |
| --- | --- |
| **I. Small Business Act – SBIR Fee:** The SBIR fee is a Congressional mandated fee charged to all ARS/NPMTI grants and is applicable to all non-ARS PIs. The rate for FY23 is 3.2% and will be applied at the time of award to the NPMTI’s recommended amount. The **Formula** for calculating the fee is below:S tep 1 – Multiply the “Total Direct and Indirect Costs” Amount (K) by the SBIR fee % (.032).S tep 2 – Add the SBIR Fee Amount to the Total Amount for Direct and Indirect Costs to get the “Total Amount of this Request.”**The budget guidance provided by NPMTI Networking & Facilitation Office (NFO), is a net dollar amount that has already accounted for the SBIR fee.** | **S BIR Fee A mount** |
| Step 1:Step 2: | $ |

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| --- | --- | --- |
| **COOPERATOR:** |  |  |
| **AGREEMENT NO.:**  | AGENCY TOREIMBURSE | COOPERATOR CONTRIBUTION(S) |
| **TYPE OF ACTION:**  |  |  |
| A. Salaries and Wages1. Senior/ Key Person(s)
2. Other Personnel (Post-Doctoral Associates,

 Graduate Students, Undergraduate Students) 1. Support Personnel/ Secretarial/ Clerical. . . . . . . . . .

Total Salaries and Wages  |  |   |
|  |  |
|  |   |
|  |  |
| B. Fringe Benefits (If charged as Direct Costs)  |  |   |
| C. Total Salaries, Wages, and Fringe Benefits (A plus B )  |  |   |
| D. Equipment (Provide supporting data; list items and dollar amounts for each item exceeding $5,000) |  |  |
| E. Materials and Supplies . . . . . . . . . . . . . . . . . . . . . . . . . . |  |  |
| F. Travel (List destination and amount for each trip) |  |  |
| 1. Domestic (Include Canada, Mexico, and U.S.  Possessions)  |  |  |
|  |   |
| 2. Foreign |
| G. Publication Costs . . . . . . . . . .  |  |  |
| H. ADP/ Computer Services . . . . . . . . . . . . . . . . . . . . . . . . |  |  |
| I. Subawards  |  |  |
| J. All Other Direct Costs (Provide supporting data.  |  |  |
| List items and dollar amounts for each item.) |  |  |
| K. Total Direct Costs (C through J)  |  |  |
| L. Indirect Costs (Specify rate and base)  |  |  |
| Rate :  |  |  |
| Base :  |  |  |
| M. Total Costs (K plus L)  |  |  |
| NOTES: |
| 1. A separate budget is required for each year. |
| 2. Federal Statute (7 U.S.C. 3318 (b)(1)(B)) requires a contribution of resources by all parties toward meeting the  |
|  objectives of the Cooperative Agreement. |
| 3. The Cooperator's contribution must be no less than 20 percent of the total of the resource contributions under the  |
|  cooperative agreement. Resource contributions of the Cooperator must consist of a sufficient amount of itemized |
|  direct costs to substantiate a true stake in the project as determined by the ADO. The Cooperator's contribution |
|  must be maintained at 20 percent of Federal funding throughout the period of performance.  |
| **4. Under 7 USC 3319, USDA is prohibited from reimbursing State Cooperative Institutions for indirect costs or tuition**  |
|  **remission in connection with non-assistance cooperative agreements awarded under the authority of 7 USC**  |
|  **3318(b).**  |
| 5. Indirect costs will be reimbursed only upon receipt of a current approved Negotiated Indirect Cost Rate Agreement  |
|  for all non-State Cooperative Institutions. |
| 6. Unrecovered indirect costs may be used to meet a portion (not to exceed 50%) of the resource contribution requirement toward the cooperative effort. Indirect costs only for the resource contribution is not allowed. |
| 7. Unallowable costs as defined in 2 CFR Part 200, Subpart E – Cost Principles, cannot be considered a resource contribution. |
|   |
|  |

**COOPERATOR CONTRIBUTION FORM**

**Submit all completed forms to** **administrator@AgPMT.org**