



Request for Budget Development

Please be aware that OSP requires receipt of all administrative documents (proposal forms, budgets, and other required documentation, excluding ELECTRONICALLY SUBMITTED technical narratives and exhibits ONLY), MUST be received in final format (ready to submit) at least 2 working days before the sponsor deadline in order to allow adequate time for review and correction of problems

Sponsor / Project / Proposal

<http://www.osp.vt.edu/>

Sponsor Name

RFP / Solicitation No. or Web Site

Sponsor Deadline Project Start Date Project End Date

Will the proposal be: On Campus Off Campus

On or Off campus is decided based on where the majority of the work is being performed

NOTE: If you are submitting to the NSF please remember that NSF limits salary compensation for senior project personnel to no more than two months of their regular salary in any one year. This limitation includes salary compensation received from all NSF-funded grants. If you anticipate any compensation in excess of two months for this submission or if awarded this submission will put you in excess of your two month limitation you must disclose at the time of submission and provide justification.

Labor

List full name of personnel working on the proposal, the percent of effort required and appointment type for each year. (Example: James R. Numbers, 10% AY and 5% SMR). Indicate if you have a 10, 11, or 12 month extended appointment.

Full Name	<input type="text"/>	% Effort	<input type="text"/>	Type	<input type="text"/>	# Months	<input type="text"/>	# Weeks	<input type="text"/>
Full Name	<input type="text"/>	% Effort	<input type="text"/>	Type	<input type="text"/>	# Months	<input type="text"/>	# Weeks	<input type="text"/>
Full Name	<input type="text"/>	% Effort	<input type="text"/>	Type	<input type="text"/>	# Months	<input type="text"/>	# Weeks	<input type="text"/>
Full Name	<input type="text"/>	% Effort	<input type="text"/>	Type	<input type="text"/>	# Months	<input type="text"/>	# Weeks	<input type="text"/>

GRAs

How many?	<input type="text"/>	% Effort	<input type="text"/>	GRA Step 1-50	<input type="text"/>	Department	<input type="text"/>
How many?	<input type="text"/>	% Effort	<input type="text"/>	GRA Step 1-50	<input type="text"/>	Department	<input type="text"/>
How many?	<input type="text"/>	% Effort	<input type="text"/>	GRA Step 1-50	<input type="text"/>	Department	<input type="text"/>

http://www.grads.vt.edu/financial/assistantships/2010-11_stipend_rates.pdf

Wage Employees TBN (list dollar amount) Post Docs TBN (anticipated base salary)

NOTE: Please list any other personnel needed under additional information with the same level of detail.

Other Direct Costs

Remember - List other direct costs not identified below. If travel is being requested indicate whether it is domestic or international and destination for international travel. Are you budgeting Materials and Supplies? If so, please generally describe what these will include, so we can determine if they should be in this category and if a Form B will be required. Are you budgeting contractual services? Can you identify the services, particularly if a recharge center is being budgeted? List equipment and remember equipment is now classified as having a value of \$2,000 and a useful life of more than one year.

	Year 1	Year 2	Year 3	Year 4	Year 5
Equipment					
<i>Description:</i>					
Material & Supplies					
<i>Description:</i>					
Travel					
<i>Description:</i>					
Contractual Services					
<i>Description:</i>					
Subcontract/Consultant					
<i>Description:</i>					

Sub-Contracts

Will you have a subcontractor or consultant ? If so, identify them and provide the following information:

Name of Subcontractor / Consultant

NOTE: Provide same information for each if you are using multiple subcontractors/consultants.

You will need to provide:

- Letter of commitment on letterhead signed by an authorized individual
- Statement of work
- Budget
- Budget justification
- If subcontractor includes F&A cost, OSP requires a copy of their rate agreement

F&A

If F&A is not being charged or is being charged at a reduced rate, do you have written documentation that the Sponsor does not pay F&A or pays at a reduced rate? *(If Yes, please provide written documentation by an authorized authority.)* Yes No

Cost Sharing

Does the Sponsor require cost sharing? Yes No Amount \$ or Percentage %

(If Yes, please provide written documentation by an authorized authority if not included in the solicitation.)

Contact Information

Primary Contact

What is your name, phone number, fax number, and email address?

Name

Phone Number

Fax Number

Email Address

Unsure of who your pre award administrator is?

Please see:

<http://www.osp.vt.edu/staff-contacts/index.php>

Others Involved

Name

Name

Name

Name

Have you submitted to this sponsor before? Yes No

Are you familiar with their submission system Yes No
(i.e. Fastlane, Grants.gov, etc.)?

If not, please let your Pre Award Administrator know so they can point out where you can find instructions to assist you in completing the submission.

Additional Information / Comments / Special Requirements: