

2018 Cutting Edge Research Grant Budget

Dollar Amount	Budget Item	Detail
Please be as detailed / specific as possible for each line item.		
*Items you may list but are <i>not</i> covered in the grant funding and should not be included in the grant amount requested: cameras; iPads; iPods; laptops; software; travel expenses and institutional indirect costs, salary for the principal investigator, medical student /resident stipend. See below regarding a co-investigator fee; coordinator fee and statistician fee. Items not covered for them include: 401k, HSA, flexible spending contributions, AFLAC, life insurance, short/long term disability.		
\$	Advertising Fee	
\$	Co-Investigator <i>(The co-investigator fee is covered via the grant funding only if they are being hired specifically for the research project and only for the duration of the project. Additionally, the employer paid portion of health care insurance, unemployment insurance, and payroll tax can be covered.)</i>	
\$	Coordinator Fee <i>(The coordinator fee is covered via the grant funding only if they spend specifically and separately tracked time for the research project and only for the duration of the project. Additionally, the employer paid portion of health care insurance, unemployment insurance, and payroll tax can be covered.)</i>	
\$	Device Rental	
\$	Instrumentation	
\$	IRB Preparation Fee	
\$	Laboratory Fees	
\$	Laboratory Disposables / Expendable Supplies	
\$	Laser Treatments	
\$	Patient Incentives/Participation Compensation	
\$	Photocopies	
\$	Postage / Mailings	
\$	Printing	
\$	Statistician <i>(The statistician fee is covered via the grant funding only if they are being hired specifically for the research project and only for the duration of the project. Additionally, the employer paid portion of health care insurance, unemployment insurance, and payroll tax can be covered.)</i>	
\$	Survey	
\$	Suture Materials	
\$	Visits (Patient baseline visit, screening visit, and follow-up visit)	
All "Other" items listed below must be detailed/specific.		
\$	Other:	
\$	Other:	
\$	Other:	
\$	Sub-Total (includes items that are *not covered in the grant funding)	
\$		
\$	TOTAL (minus items that are *not covered in the grant funding)	
Submitted by (Name of Principal Investigator):		
Date:		