

**NIH Modular Budget**  
F&A Calculation Checklist

SPA has created a new form to assist PIs and departmental staff with the F&A calculations for proposals that do not require the submission of a detailed budget at time of application (NIH Modular Grant Applications). The information provided on this form will allow SPA staff to confirm the calculation of the F&A requested at time of proposal submission. This form will not be submitted to NIH and will be used for SPA internal purposes only.

This form must be submitted with all NIH modular grant applications that *have not* been prepared using EGMS. Departments are advised that if the information provided on this form is incorrect, causing a shortage in funding in the resulting award, the award will be charged F&A at the full, appropriate rate. **No F&A waiver will be considered/granted for any application that did not provide SPA with the information needed to confirm the F&A calculation at the time of proposal submission.**

PI Name: \_\_\_\_\_ PRF #: \_\_\_\_\_  
Project Period: Start \_\_\_\_\_ End \_\_\_\_\_

**Which F&A rate are you using?**

\_\_\_\_\_ On-Campus research (51% MTDC)                      \_\_\_\_\_ Off-Campus\* (26% MTDC)  
\_\_\_\_\_ Other \_\_\_\_\_% [rate and base being used] (NOTE: if using less than the full on-campus or off-campus research rate, a detailed explanation is required)

\_\_\_\_\_  
\_\_\_\_\_

\*Note: Since SPA will not confirm the proper use of the on-campus or off-campus research rate until time of award, it is suggested that you review the information for determining the proper rate found at: [www.ospa.umn.edu/forms/On-Off-Campus-Matrix.xls](http://www.ospa.umn.edu/forms/On-Off-Campus-Matrix.xls).

**Will there be any equipment purchases?**      \_\_\_\_\_ Yes \_\_\_\_\_ No  
(Equipment is defined as an item with a unit cost of \$2500 or more and with a useful life of at least one year.)

If yes, amount for each budget period:

Yr 1	\$ _____
Yr 2	\$ _____
Yr 3	\$ _____
Yr 4	\$ _____
Yr 5	\$ _____

**Will there be any grad RA fringe benefits?**      \_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, amount for each budget period:

Yr 1	\$ _____
Yr 2	\$ _____
Yr 3	\$ _____

Yr 4 \$ \_\_\_\_\_  
Yr 5 \$ \_\_\_\_\_

**Will there be any space rental?**

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, amount for each budget period:

Yr 1 \$ \_\_\_\_\_  
Yr 2 \$ \_\_\_\_\_  
Yr 3 \$ \_\_\_\_\_  
Yr 4 \$ \_\_\_\_\_  
Yr 5 \$ \_\_\_\_\_

**Will there be any patient care?**

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, please provide a description and site for the patient care activities.

Fairview E Form #: \_\_\_\_\_

Amount for each budget period:

Yr 1 \$ \_\_\_\_\_  
Yr 2 \$ \_\_\_\_\_  
Yr 3 \$ \_\_\_\_\_  
Yr 4 \$ \_\_\_\_\_  
Yr 5 \$ \_\_\_\_\_

**Will there be any subawards/consortiums?**

\_\_\_\_\_ Yes      \_\_\_\_\_ No

If yes, how many? \_\_\_\_\_

Please provide the amount budgeted for each subaward during each budget period:

		<u>Direct Costs</u>	<u>F&amp;A/Indirect</u>
Subawardee: _____	Yr 1	\$ _____	\$ _____
	Yr 2	\$ _____	\$ _____
	Yr 3	\$ _____	\$ _____
	Yr 4	\$ _____	\$ _____
	Yr 5	\$ _____	\$ _____

Subawardee: _____	Yr 1	\$ _____	\$ _____
	Yr 2	\$ _____	\$ _____
	Yr 3	\$ _____	\$ _____
	Yr 4	\$ _____	\$ _____
	Yr 5	\$ _____	\$ _____

If more than 2 subawards are anticipated, please add additional pages, as necessary.