Instituts de recherche en santé du Canada

Application number
Year

OTHER FUNDING

## Operating Budget Module

Name of principal applicant and institution

### **Financial Assistance Requested**

Provide estimates for a full year of the quantities of human resources required for each human resources type (i.e., research staff and research trainee) under the column entitled "No." as well as the pro-rated salary amount per research staff or trainee. For part-time and/or shared resources, please indicate fractions (i.e., 0.5). Amounts must be in Canadian funds. Please refer to the Grants and Awards Guide for stipend levels. If the operating base changes significantly for subsequent years, copy this page and provide estimates for each year accordingly.

\* Section applicable to UI and Rx&D research programs only. These applicants must complete page 1 for each year requested.

Each budget item must include the applicable provincial and federal taxes. Federal taxes should be calculated using the following after-rebate percentages: universities 2.3%, hospitals 1.2%, other institutions 3.5%.

For RCTs please calculate budget on a per patient as well as annual basis. Use of page 1 of the CIHR budget form is not mandatory for applications to the Randomized Controlled Trials Program only.

RESEARCH STAFF (excluding trainees)	No.	Salary	Benefits	CIHR	SOURCES Cash* In-kind*		TOTAL		
Research Assistants					Oddii	III KIIIG			
Technicians									
Other personnel (specify on page 3)									
OTHER FUNDING									
RESEARCH TRAINEES	No.	Stipend	Benefits	CIHR	SOURCES		TOTAL		
					Cash*	In-kind*			
Postdoctoral Fellows (post PhD, MD, etc.)									
Graduate Students									
Summer Students									
MATERIALS, SUPPLIES AND SERVICES									
Animals									
Expendables									
Services									
Other (specify on page 4)									
TRAVEL									
TRAVEL									
TOTAL OPERATING									
TOTAL OF ENATING									
EQUIPMENT									
TOTAL PEOLIEST									
TOTAL REQUEST									

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### **Human Resources**

For each applicant (nominated principal applicant, principal applicant(s) and co-applicant(s)) indicate the hours per week to be spent on the proposed project.

Name Role Hours week



Employment history (for the past 12 months of personnel to be employed on grant)

For each individual to be employed on this grant, list his / her position at the time of application, current salary rate (\$ / annum, excluding benefits) and current source of funding. Additional pages may be added.

Current Salary Rate Position **Current Source of Funding** Name



### **Details of Financial Assistance Requested**

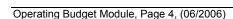
### On additional pages:

1. Provide full justification of all budget items relative to the proposed research.

If you include a need for research personnel and trainees, state their roles and explain why you require the level (in terms of qualifications and salary) that you are requesting.

Itemize the expendables and services; for example, number and cost of animals, nature and amounts of reagents, numbers of subjects, or number and cost of printing survey instruments. For travel requests, indicate the purpose of the trip(s), the people that will be traveling, and their destination(s).

- 2. For maintenance and / or equipment items included in this operating budget, itemize your maintenance / equipment items and indicate:
  - a) the availability and status of similar equipment;
  - b) the anticipated extent of utilization;
  - c) reasons for choice of specific type, model or service contract, in relation to alternatives;
  - d) where applicable, the necessity for upgrading existing equipment or service contract.
- 3. If you are requesting or hold start-up funds to equip a new laboratory, please detail any funds you have received or have applied for from other sources for this purpose (e.g. institutional sources) and how you intend to use these funds.



# APPENDIX 1 Supporting documentation

- a) Cost quotations for equipment or service contracts. For equipment or service contracts costing more than \$10,000, attach at least one cost quotation. For items costing more than \$25,000, at least two competitive quotes must be provided.
- b) For items costing more than \$25,000, letters attesting that the equipment is not currently available at your institution from Department Head(s), Dean(s) and / or Research Institute Director(s).

**Note:** No other information may be attached to this module. Any additional material will be removed from the application prior to being sent to reviewers.

