



Application number

**Operating Budget Module**

Name of principal applicant and institution

Year

**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	OTHER FUNDING SOURCES		TOTAL
					Cash*	In-kind*	
Research Assistants							
Technicians							
Other personnel (specify on page 3)							

RESEARCH TRAINEES	No.	Stipend	Benefits	CIHR	OTHER FUNDING 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						

TOTAL OPERATING						

EQUIPMENT						

TOTAL REQUEST						

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Name of principal applicant and institution

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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.

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Name

Role

Hours week

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Sample

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Name of principal applicant and institution

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**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.

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Name	Position	Current Salary Rate	Current Source of Funding
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Sample

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**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.

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Name of principal applicant and institution

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**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.

Sample