INTRAGOVERNMENTAL BUDGET FORM

Detailed Budget Form – Budget Period 1

Project Log No:

Organization Name:

Enter DOD civilian and military level of effort, whether or not reimbursement of salary/fringe benefits is requested. If reimbursement is requested, the method of reimbursement will be handled during negotiations. If no reimbursement is requested, leave annual salary blank. In some cases, reimbursement may not be possible.

Detailed Budget	Start Date	End Date

Key Personnel (MIL or CIV)		MIL or CIV	ANNUAL BASE SALARY	% EFFORT ON PROJECT	DOLLAR AMOUNT REQUESTED (OMIT CENTS)		
Name	Role (PI, Co-I, Etc.)				Salary Requested	Fringe Benefits	Totals
							$ 0
							$ 0
							$ 0
							$ 0
							$ 0
Additional Key Personnel (MIL or CIV) *(Summary Detail in the Budget Justification*							$ 0
Total Cost For Other Non-Key Personnel (MIL or CIV) (*Provide Detail in the Budget Justification)*							$ 0
Military and Federal Civilian Personnel Subtotals					$ 0	$ 0	$ 0
Military And Federal Civilian Travel Costs							
CONTRACTOR PERSONNEL (KEY AND NON-KEY; Provide Detail in the Budget Justification)							
Contractor Travel Costs							
Consultant Costs							
Equipment							
Materials And Supplies							
Other Direct Costs							
Subtotal For Direct Costs Budget Period 1							$ 0
Sub-Award / Subcontract Costs	**Direct Cost**						
	Indirect Costs (Includes Facility Fees)						
Total Direct Costs for Budget Period 1							$ 0
Total Indirect Costs (Including Facility Fees) For Budget Period 1							
Total Direct and Indirect Costs for Budget Period 1							$ 0

INTRAGOVERNMENTAL BUDGET FORM

Detailed Budget Form – Budget Period 2

Project Log No:

Organization Name:

Enter DOD civilian and military level of effort, whether or not reimbursement of salary/fringe benefits is requested. If reimbursement is requested, the method of reimbursement will be handled during negotiations. If no reimbursement is requested, leave annual salary blank. In some cases, reimbursement may not be possible.

Detailed Budget	Start Date	End Date

Key Personnel (MIL or CIV)		MIL or CIV	ANNUAL BASE SALARY	% EFFORT ON PROJECT	DOLLAR AMOUNT REQUESTED (OMIT CENTS)		
Name	Role (PI, Co-I, Etc.)				Salary Requested	Fringe Benefits	Totals
							$ 0
							$ 0
							$ 0
							$ 0
							$ 0
Additional Key Personnel (MIL or CIV) *(Summary Detail in the Budget Justification*							$ 0
Total Cost For Other Non-Key Personnel (MIL or CIV) (*Provide Detail in the Budget Justification)*							$ 0
Military and Federal Civilian Personnel Subtotals					$ 0	$ 0	$ 0
Military And Federal Civilian Travel Costs							
CONTRACTOR PERSONNEL (KEY AND NON-KEY; Provide Detail in the Budget Justification)							
Contractor Travel Costs							
Consultant Costs							
Equipment							
Materials And Supplies							
Other Direct Costs							
Subtotal For Direct Costs Budget Period 2							$ 0
Sub-Award / Subcontract Costs	**Direct Cost**						
	Indirect Costs (Includes Facility Fees)						
Total Direct Costs for Budget Period 2							$ 0
Total Indirect Costs (Including Facility Fees) For Budget Period 2							
Total Direct and Indirect Costs for Budget Period 2							$ 0

INTRAGOVERNMENTAL BUDGET FORM

Detailed Budget Form – Budget Period 3

Project Log No:

Organization Name:

Enter DOD civilian and military level of effort, whether or not reimbursement of salary/fringe benefits is requested. If reimbursement is requested, the method of reimbursement will be handled during negotiations. If no reimbursement is requested, leave annual salary blank. In some cases, reimbursement may not be possible.

Detailed Budget	Start Date	End Date

Key Personnel (MIL or CIV)		MIL or CIV	ANNUAL BASE SALARY	% EFFORT ON PROJECT	DOLLAR AMOUNT REQUESTED (OMIT CENTS)		
Name	Role (PI, Co-I, Etc.)				Salary Requested	Fringe Benefits	Totals
							$ 0
							$ 0
							$ 0
							$ 0
							$ 0
Additional Key Personnel (MIL or CIV) *(Summary Detail in the Budget Justification*							$ 0
Total Cost For Other Non-Key Personnel (MIL or CIV) (*Provide Detail in the Budget Justification)*							$ 0
Military and Federal Civilian Personnel Subtotals					$ 0	$ 0	$ 0
Military And Federal Civilian Travel Costs							
CONTRACTOR PERSONNEL (KEY AND NON-KEY; Provide Detail in the Budget Justification)							
Contractor Travel Costs							
Consultant Costs							
Equipment							
Materials And Supplies							
Other Direct Costs							
Subtotal For Direct Costs Budget Period 3							$ 0
Sub-Award / Subcontract Costs	**Direct Cost**						
	Indirect Costs (Includes Facility Fees)						
Total Direct Costs for Budget Period 3							$ 0
Total Indirect Costs (Including Facility Fees) For Budget Period 3							
Total Direct and Indirect Costs for Budget Period 3							$ 0

INTRAGOVERNMENTAL BUDGET FORM

Detailed Budget Form – Budget Period 4

Project Log No:

Organization Name:

Enter DOD civilian and military level of effort, whether or not reimbursement of salary/fringe benefits is requested. If reimbursement is requested, the method of reimbursement will be handled during negotiations. If no reimbursement is requested, leave annual salary blank. In some cases, reimbursement may not be possible.

Detailed Budget	Start Date	End Date

Key Personnel (MIL or CIV)		MIL or CIV	ANNUAL BASE SALARY	% EFFORT ON PROJECT	DOLLAR AMOUNT REQUESTED (OMIT CENTS)		
Name	Role (PI, Co-I, Etc.)				Salary Requested	Fringe Benefits	Totals
							$ 0
							$ 0
							$ 0
							$ 0
							$ 0
Additional Key Personnel (MIL or CIV) *(Summary Detail in the Budget Justification*							$ 0
Total Cost For Other Non-Key Personnel (MIL or CIV) (*Provide Detail in the Budget Justification)*							$ 0
Military and Federal Civilian Personnel Subtotals					$ 0	$ 0	$ 0
Military And Federal Civilian Travel Costs							
CONTRACTOR PERSONNEL (KEY AND NON-KEY; Provide Detail in the Budget Justification)							
Contractor Travel Costs							
Consultant Costs							
Equipment							
Materials And Supplies							
Other Direct Costs							
Subtotal For Direct Costs Budget Period 4							$ 0
Sub-Award / Subcontract Costs	**Direct Cost**						
	Indirect Costs (Includes Facility Fees)						
Total Direct Costs for Budget Period 4							$ 0
Total Indirect Costs (Including Facility Fees) For Budget Period 4							
Total Direct and Indirect Costs for Budget Period 4							$ 0

INTRAGOVERNMENTAL BUDGET FORM

Detailed Budget Form – Budget Period 5

Project Log No:

Organization Name:

Enter DOD civilian and military level of effort, whether or not reimbursement of salary/fringe benefits is requested. If reimbursement is requested, the method of reimbursement will be handled during negotiations. If no reimbursement is requested, leave annual salary blank. In some cases, reimbursement may not be possible.

Detailed Budget	Start Date	End Date

Key Personnel (MIL or CIV)		MIL or CIV	ANNUAL BASE SALARY	% EFFORT ON PROJECT	DOLLAR AMOUNT REQUESTED (OMIT CENTS)		
Name	Role (PI, Co-I, Etc.)				Salary Requested	Fringe Benefits	Totals
							$ 0
							$ 0
							$ 0
							$ 0
							$ 0
Additional Key Personnel (MIL or CIV) *(Summary Detail in the Budget Justification*							$ 0
Total Cost For Other Non-Key Personnel (MIL or CIV) (*Provide Detail in the Budget Justification)*							$ 0
Military and Federal Civilian Personnel Subtotals					$ 0	$ 0	$ 0
Military And Federal Civilian Travel Costs							
CONTRACTOR PERSONNEL (KEY AND NON-KEY; Provide Detail in the Budget Justification)							
Contractor Travel Costs							
Consultant Costs							
Equipment							
Materials And Supplies							
Other Direct Costs							
Subtotal For Direct Costs Budget Period 5							$ 0
Sub-Award / Subcontract Costs	**Direct Cost**						
	Indirect Costs (Includes Facility Fees)						
Total Direct Costs for Budget Period 5							$ 0
Total Indirect Costs (Including Facility Fees) For Budget Period 5							
Total Direct and Indirect Costs for Budget Period 5							$ 0

INTRAGOVERNMENTAL BUDGET FORM

Detailed Budget Form – Cumulative Budget

Project Log No:

Organization Name:

Budget Justification: Itemize ALL budget items in a separate file according to the General Application Instructions

Budget For Entire Proposed Period of Support				Project Start Date	Project End Date	
Budget Category Totals	**Budget Period 1**	**Budget Period 2**	**Budget Period 3**	**Budget Period 4**	**Budget Period 5**	**Total**
MIL/CIV Key Personnel	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
Other MIL/CIV Personnel	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
MIL/CIV Travel Costs						$ 0
Contractor Personnel						$ 0
Contractor Travel Costs						$ 0
Consultant Costs						$ 0
Equipment						$ 0
Materials and Supplies						$ 0
Other Direct Costs						$ 0
Subtotal Direct Costs (*Excluding Subcontract*)	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
Total Sub-Award/ Subcontract Costs	$ 0	$ 0	$ 0	$ 0	$ 0	$ 0
Direct Costs for Entire Proposed Period of Support (*Including Subaward Total*)						$ 0
Subtotal Indirect Costs						
Total Indirect Costs (Includes Facility Fees for Entire Period of Support)						$ 0
Total Costs for the Entire Period of Support						$ 0
% Of Funds Remaining at DoD (For Project Order Eligibility, See Instruction)						%

Required Information:

Resource Management Point of Contact (name, email)

Authorized Business Official (name, email)

Other parties who should be included in budgetary matters (name, email)

Last date institution can accept current fiscal year (FY) funds

☐ **I acknowledge that the institution may receive funds in the last six months of the obligating fiscal year and confirm it is capable of obligating funds on an appropriate support vehicle.**

Authorized Business Official

INTRAGOVERNMENTAL/INTRAMURAL BUDGET FORM: Instructions

Information and instructions are provided to assist in filling out this form. *The Congressionally Directed Medical Research Programs (CDMRP) strongly encourages applicants to review the Guide for Intragovernmental & Intramural Department of Defense Applicants (Spring 2024).*

This form covers each year (budget period) in the period of performance, includes automated calculations within each budget period, and rolls data automatically into the Cumulative Budget. Budget periods should not exceed the maximum period of performance stated in the funding opportunity. A detailed budget justification (MS Word or PDF) must be included with the submission as a separate attachment.

Information from this form will be used to determine project order eligibility, where applicable.

Budget Periods 1-5

- **Organization Name *(required)***: Enter the federal government entity receiving funds (e.g. Uniformed Services University, 59th Medical Wing, Institute for Chemical Defense, etc.). This populates across the entire form.

- **Project Log No. *(required)*:** Enter the Log Number for the application. This identifier is generated by eBRAP at the time of initial pre-application submission.

- **Start Date and End Date *(for each budget period)***. Use the drop-down menu or enter using MM/DD/YYYY format. The Start Date for Budget Period 1 populates as the Start Date for the Cumulative Budget.

  This form automatically calculates costs based on input in other fields of the form for the following values: (1) Total salary request per personnel line item, (2) Subtotal for direct costs, not including subawards, (3) Total Direct costs for the Budget Period, and (3) Total Direct and Indirect Costs for the Budget Period).

- **Key Personnel *(Maximum of 5)***
  - Enter the name, role, and status for military (MIL) and/or federal civilian (CIV). *Do not include contractor personnel in this section*. Contractor personnel costs should be included in the associated contractor sub-award budget and justification.
  - If salary is requested, enter the annual base salary
  - Percent effort on the project.
  - Enter the amount of salary requested and the fringe benefits for this project per budget period.
  - The total salary request per person will automatically calculate in the form based on the salary requested and the fringe benefits.

- **Other Non-Key Personnel *Summary*:** Enter the TOTAL salary requested for all military and/or civilian Non-Key Personnel per Budget Period. Enter the TOTAL fringe benefits for all military and/or civilian Non-Key Personnel per Budget Period. Provide detail for all military and/or civilian Non-Key Personnel in the Budget Justification. *Do not contractor personnel in this section*. Details of contractor personnel should be included in the associated contract sub-award budget and justification.

- **Additional Direct Costs:** Consultant Costs, Equipment, Materials and Supplies, Military and Federal Civilian Travel Costs, Contractor Travel Costs, and Other Direct Costs are filled out per budget period, as applicable.
  - **Military and Civilian Travel Costs:**
    - *Do not include contractors under this category.*
    - Funds for military and federal civilian travel cannot be paid from funds awarded to an extramural organization.
    - Awards using the Economy Act Statute: military and federal civilian travel costs are generally funded via a Defense Travel System cross-organizational memo and cannot be included in calculations of indirect costs and fees. Availability of funds for out-year travel is not guaranteed. *Travel costs executed through DTS are exempt from indirect costs and fees.*
    - Awards using the Project Order Statute: All funds requested for travel in the approved budget will be obligated and included as part of

the total funds transfer. Indirect costs on travel are allowable.

Cumulative Budget

- All dollar values in the form are automatically populated and calculated from entries in Budget Periods 1-5.

- Funds Reimbursing government-only costs. (***For DOW organizations only***, used to determine for eligibility for awards using the Project Order Statute). This form does not automatically calculate this value. Applicants must identify funds requested to support reimbursable, government-only costs within this budget request and express that value as a percentage of the total intragovernmental budget request.
    - Examples of government-reimbursable costs include, but are not limited to: government/military travel (no indirect costs), radiological studies (e.g. CT/MRI) that must be performed at a military treatment facility (MTF), clinical care costs provided by MTFs, research materials which cannot legally be purchased by non-government entities for the research (e.g. materials, controlled substances, etc.), animal care costs at government facilities, government/regulatory oversight of human/animal research.
    - Costs that are not considered government reimbursable costs include but are not limited to: funds for contractor support (salaries, travel); Consultant fees; Subawards/subcontracts to non-government entities; severable services.
    - Questions regarding reimbursable versus non-reimbursable costs should be directed to the research site's local resource management officials.

Other Required Information

- Resource Management Point of Contact (name/email)
- Authorized Business Official (name/email)
- Any other individuals that need to be included in budgetary matters (name/email)
- Last date an institution can accept current year fiscal year funds
- Check Box to acknowledge funds may arrive in the last 6 months of fiscal year and confirmation of ability to obligate funds on an appropriate support vehicle
- Digital signature of the Authorized Business Official