

# NIH Modular Budget Examples

## Simple modular with NO consortium:

- Recommend preparing tentative detailed budget to best determine module amount requested (modules of \$25K up to a limit of \$250K).
- In this example you have \$123,000 each year in direct costs in your detailed budget so the rounded \$25,000 module amount would be \$125,000:

<b>UA Budget</b>	09/01/2014- 08/31/2015	09/01/2015- 08/31/2016	09/01/2016- 08/31/2017	09/01/2017- 08/31/2018	09/01/2018- 08/31/2019	
	<b>YR1</b>	<b>YR2</b>	<b>YR3</b>	<b>YR4</b>	<b>YR5</b>	<b>TOTAL</b>
Salaries	50,000	50,000	50,000	50,000	50,000	250,000
ERE	15,000	15,000	15,000	15,000	15,000	75,000
Operations	45,000	45,000	45,000	45,000	45,000	225,000
Equipment	6,000	6,000	6,000	6,000	6,000	30,000
Travel	7,000	7,000	7,000	7,000	7,000	35,000
<b>SUBTOTAL DIRECT COSTS</b>	<b>123,000</b>	<b>123,000</b>	<b>123,000</b>	<b>123,000</b>	<b>123,000</b>	<b>615,000</b>
<b>Module Amount (round up to nearest \$25k)</b>	<b>125,000</b>	<b>125,000</b>	<b>125,000</b>	<b>125,000</b>	<b>125,000</b>	<b>625,000</b>
F&A Base (start w/ module amount)	125,000	125,000	125,000	125,000	125,000	625,000
<b>less exclusions (equipment)</b>	6,000	6,000	6,000	6,000	6,000	30,000
<b>MTDC Base</b>	<b>119,000</b>	<b>119,000</b>	<b>119,000</b>	<b>119,000</b>	<b>119,000</b>	<b>595,000</b>
F&A Rate - 52.5% (07/01/14-06/30/15)	52,063	-	-	-	-	52,063
F&A Rate - 53.0% (07/01/15-06/30/16)	10,512	52,559	-	-	-	63,071
F&A Rate - 53.5% (07/01/16-06/30/18)	-	10,611	63,665	63,665	63,665	201,606
<b>TOTAL INDIRECT COSTS</b>	<b>62,575</b>	<b>63,170</b>	<b>63,665</b>	<b>63,665</b>	<b>63,665</b>	<b>316,740</b>
<b>Total Direct Costs</b>	<b>125,000</b>	<b>125,000</b>	<b>125,000</b>	<b>125,000</b>	<b>125,000</b>	<b>625,000</b>
<b>Total Indirect Costs (F&amp;A)</b>	<b>62,575</b>	<b>63,170</b>	<b>63,665</b>	<b>63,665</b>	<b>63,665</b>	<b>316,740</b>
<b>TOTAL COSTS</b>	<b>187,575</b>	<b>188,170</b>	<b>188,665</b>	<b>188,665</b>	<b>188,665</b>	<b>941,740</b>

This budget would translate to the NIH Modular Budget Forms as follows:

# PHS 398 Modular Budget, Periods 1 and 2

OMB Number: 0925-0001  
Expiration Date: 9/30/2007

## Budget Period: 1

 Start Date: 

 End Date: 

### A. Direct Costs

	* Funds Requested (\$)
* Direct Cost less Consortium F&A	<input type="text" value="125,000.00"/>
Consortium F&A	<input type="text"/>
* Total Direct Costs	<input type="text" value="125,000.00"/>

### B. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input type="text" value="MTDC (09/01/2014 - 06/30/2015)"/>	<input type="text" value="52.5"/>	<input type="text" value="99,167.00"/>	<input type="text" value="52,063.00"/>
2.	<input type="text" value="MTDC (07/01/2015 - 08/31/2015)"/>	<input type="text" value="53.0"/>	<input type="text" value="19,833.00"/>	<input type="text" value="10,512.00"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Cognizant Agency (Agency Name, POC Name and Phone Number)	DHHS Audit Agency Name of Regional Negotiator Phone Number of Regional Negotiator
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Indirect Cost Rate Agreement Date <input type="text" value="04/30/2014"/>	Total Indirect Costs <input type="text" value="62,575.00"/>
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### C. Total Direct and Indirect Costs (A + B)

	Funds Requested (\$) <input type="text" value="187,575.00"/>
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## Budget Period: 2

 Start Date: 

 End Date: 

### A. Direct Costs

	* Funds Requested (\$)
* Direct Cost less Consortium F&A	<input type="text" value="125,000.00"/>
Consortium F&A	<input type="text"/>
* Total Direct Costs	<input type="text" value="125,000.00"/>

### B. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input type="text" value="MTDC (09/01/2015 - 06/30/2016)"/>	<input type="text" value="53.0"/>	<input type="text" value="99,167.00"/>	<input type="text" value="52,559.00"/>
2.	<input type="text" value="MTDC (07/01/2016 - 08/31/2016)"/>	<input type="text" value="53.5"/>	<input type="text" value="19,833.00"/>	<input type="text" value="10,611.00"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Cognizant Agency (Agency Name, POC Name and Phone Number)	DHHS Audit Agency Name of Regional Negotiator Phone Number of Regional Negotiator
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Indirect Cost Rate Agreement Date <input type="text" value="04/30/2014"/>	Total Indirect Costs <input type="text" value="63,170.00"/>
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### C. Total Direct and Indirect Costs (A + B)

	Funds Requested (\$) <input type="text" value="188,170.00"/>
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# PHS 398 Modular Budget, Periods 3 and 4

OMB Number: 0925-0001

Expiration Date: 9/30/2007

## Budget Period: 3

Start Date:

End Date:

### A. Direct Costs

\* Funds Requested (\$)

* Direct Cost less Consortium F&A	<input type="text" value="125,000.00"/>
Consortium F&A	<input type="text"/>
<b>* Total Direct Costs</b>	<b><input type="text" value="125,000.00"/></b>

### B. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input type="text" value="MTDC (09/01/2016 - 08/31/2017)"/>	<input type="text" value="53.5"/>	<input type="text" value="119,000.00"/>	<input type="text" value="63,665.00"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Cognizant Agency (Agency Name, POC Name and Phone Number)

DHHS Audit Agency  
Name of Regional Negotiator  
Phone Number of Regional Negotiator

Indirect Cost Rate Agreement Date

Total Indirect Costs

### C. Total Direct and Indirect Costs (A + B)

Funds Requested (\$)

## Budget Period: 4

Start Date:

End Date:

### A. Direct Costs

\* Funds Requested (\$)

* Direct Cost less Consortium F&A	<input type="text" value="125,000.00"/>
Consortium F&A	<input type="text"/>
<b>* Total Direct Costs</b>	<b><input type="text" value="125,000.00"/></b>

### B. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input type="text" value="MTDC (09/01/2017 - 08/31/2018)"/>	<input type="text" value="53.5"/>	<input type="text" value="119,000.00"/>	<input type="text" value="63,665.00"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Cognizant Agency (Agency Name, POC Name and Phone Number)

DHHS Audit Agency  
Name of Regional Negotiator  
Phone Number of Regional Negotiator

Indirect Cost Rate Agreement Date

Total Indirect Costs

### C. Total Direct and Indirect Costs (A + B)

Funds Requested (\$)

# PHS 398 Modular Budget, Period 5 and Cumulative

OMB Number: 0925-0001

Expiration Date: 9/30/2007

**Budget Period: 5**

Start Date:

End Date:

**A. Direct Costs**

\* Funds Requested (\$)

* Direct Cost less Consortium F&A	<input type="text" value="125,000.00"/>
Consortium F&A	<input type="text"/>
<b>* Total Direct Costs</b>	<b><input type="text" value="125,000.00"/></b>

**B. Indirect Costs**

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input type="text" value="MTDC (09/01/2018 - 08/31/2019)"/>	<input type="text" value="53.5"/>	<input type="text" value="119,000.00"/>	<input type="text" value="63,665.00"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Cognizant Agency (Agency Name, POC Name and Phone Number)

DHHS Audit Agency  
 Name of Regional Negotiator  
 Phone Number of Regional Negotiator

Indirect Cost Rate Agreement Date

Total Indirect Costs

**C. Total Direct and Indirect Costs (A + B)**

Funds Requested (\$)

**Cumulative Budget Information**

**1. Total Costs, Entire Project Period**

* Section A, Total Direct Cost less Consortium F&A for Entire Project Period	\$ <input type="text" value="625,000.00"/>
Section A, Total Consortium F&A for Entire Project Period	\$ <input type="text"/>
* Section A, Total Direct Costs for Entire Project Period	\$ <input type="text" value="625,000.00"/>
* Section B, Total Indirect Costs for Entire Project Period	\$ <input type="text" value="316,740.00"/>
* Section C, Total Direct and Indirect Costs (A+B) for Entire Project Period	\$ <input type="text" value="941,740.00"/>

**2. Budget Justifications**

Personnel Justification	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
Consortium Justification	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
Additional Narrative Justification	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>

## Modular WITH Consortium (aka subcontract):

- Recommend preparing tentative detailed budget to best determine module amount requested (modules of \$25K up to a limit of \$250K). Only the Consortium Direct Costs will be included in our detailed budget when trying to find the direct cost total and ultimately the module amount.
- Then add back in the Consortium F&A to find the Total Direct Costs, just like NIH modular form.
- Then start the F&A calculation on the amount; taking appropriate exclusions.
- In the below example you have \$242,500 each year in direct costs (less consortium F&A) in your detailed budget so the rounded \$25,000 module amount would be \$250,000.

<b>UA Budget</b>	09/01/2014- 08/31/2015	09/01/2015- 08/31/2016	09/01/2016- 08/31/2017	09/01/2017- 08/31/2018	09/01/2018- 08/31/2019	
	<b>YR1</b>	<b>YR2</b>	<b>YR3</b>	<b>YR4</b>	<b>YR5</b>	<b>TOTAL</b>
Salaries	100,000	100,000	100,000	100,000	100,000	500,000
ERE	30,000	30,000	30,000	30,000	30,000	150,000
Operations	59,500	59,500	59,500	59,500	59,500	297,500
Equipment	6,000	6,000	6,000	6,000	6,000	30,000
<b>Consortium Direct Costs</b>	<b>35,000</b>	<b>35,000</b>	<b>35,000</b>	<b>35,000</b>	<b>35,000</b>	<b>175,000</b>
Travel	12,000	12,000	12,000	12,000	12,000	60,000
<b>SUBTOTAL DIRECT COSTS</b>	<b>242,500</b>	<b>242,500</b>	<b>242,500</b>	<b>242,500</b>	<b>242,500</b>	<b>1,212,500</b>
<b>Module Amount (round up to nearest \$25k)</b>	<b>250,000</b>	<b>250,000</b>	<b>250,000</b>	<b>250,000</b>	<b>250,000</b>	<b>1,250,000</b>
F&A Base (start w/ module amount)	250,000	250,000	250,000	250,000	250,000	1,250,000
<b>plus Consortium F&amp;A Costs</b>	<b>7,000</b>	<b>7,000</b>	<b>7,000</b>	<b>7,000</b>	<b>7,000</b>	<b>35,000</b>
<b>TOTAL DIRECT COSTS</b>	<b>257,000</b>	<b>257,000</b>	<b>257,000</b>	<b>257,000</b>	<b>257,000</b>	<b>1,285,000</b>
less exclusions (equipment)	6,000	6,000	6,000	6,000	6,000	30,000
less exclusions (subcontract)	35,000	35,000	35,000	35,000	35,000	175,000
less exclusions (subcontract F&A)	7,000	7,000	7,000	7,000	7,000	35,000
plus 1st \$25k for each subcontract	25,000	-	-	-	-	25,000
<b>MTDC Base</b>	<b>234,000</b>	<b>209,000</b>	<b>209,000</b>	<b>209,000</b>	<b>209,000</b>	<b>1,070,000</b>
F&A Rate - 52.5% (07/01/14-06/30/15)	102,375	-	-	-	-	102,375
F&A Rate - 53.0% (07/01/15-06/30/16)	20,670	92,308	-	-	-	112,978
F&A Rate - 53.5% (07/01/16-06/30/18)	-	18,636	111,815	111,815	111,815	354,081
<b>TOTAL INDIRECT COSTS</b>	<b>123,045</b>	<b>110,944</b>	<b>111,815</b>	<b>111,815</b>	<b>111,815</b>	<b>569,434</b>
<b>Total Direct Costs</b>	<b>257,000</b>	<b>257,000</b>	<b>257,000</b>	<b>257,000</b>	<b>257,000</b>	<b>1,285,000</b>
<b>Total Indirect Costs (F&amp;A)</b>	<b>123,045</b>	<b>110,944</b>	<b>111,815</b>	<b>111,815</b>	<b>111,815</b>	<b>569,434</b>
<b>TOTAL COSTS</b>	<b>380,045</b>	<b>367,944</b>	<b>368,815</b>	<b>368,815</b>	<b>368,815</b>	<b>1,854,434</b>

<b>ASU Consortium Budget</b>						
	<b>YR 1</b>	<b>YR 2</b>	<b>YR 3</b>	<b>YR 4</b>	<b>YR 5</b>	<b>TOTAL</b>
Direct Costs	35,000	35,000	35,000	35,000	35,000	175,000
F&A	7,000	7,000	7,000	7,000	7,000	35,000
	42,000	42,000	42,000	42,000	42,000	210,000

This budget would then translate to the NIH Modular Budget form as follows:

# PHS 398 Modular Budget, Periods 1 and 2

OMB Number: 0925-0001  
Expiration Date: 9/30/2007

## Budget Period: 1

 Start Date: 

 End Date: 

### A. Direct Costs

	* Funds Requested (\$)	
* Direct Cost less Consortium F&A		<input type="text" value="250,000.00"/>
Consortium F&A		<input type="text" value="7,000.00"/>
* Total Direct Costs		<input type="text" value="257,000.00"/>

### B. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input type="text" value="MTDC (09/01/2014 - 06/30/2015)"/>	<input type="text" value="52.5"/>	<input type="text" value="195,000.00"/>	<input type="text" value="102,375.00"/>
2.	<input type="text" value="MTDC (07/01/2015 - 08/31/2015)"/>	<input type="text" value="53.0"/>	<input type="text" value="39,000.00"/>	<input type="text" value="20,670.00"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Cognizant Agency (Agency Name, POC Name and Phone Number)	DHHS Audit Agency Name of Regional Negotiator Phone Number of Regional Negotiator
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Indirect Cost Rate Agreement Date <input type="text" value="04/30/2014"/>	Total Indirect Costs	<input type="text" value="123,045.00"/>
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### C. Total Direct and Indirect Costs (A + B)

	Funds Requested (\$)	<input type="text" value="380,045.00"/>
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## Budget Period: 2

 Start Date: 

 End Date: 

### A. Direct Costs

	* Funds Requested (\$)	
* Direct Cost less Consortium F&A		<input type="text" value="250,000.00"/>
Consortium F&A		<input type="text" value="7,000.00"/>
* Total Direct Costs		<input type="text" value="257,000.00"/>

### B. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input type="text" value="MTDC (09/01/2015 - 06/30/2016)"/>	<input type="text" value="53.0"/>	<input type="text" value="174,167.00"/>	<input type="text" value="92,308.00"/>
2.	<input type="text" value="MTDC (07/01/2016 - 08/31/2016)"/>	<input type="text" value="53.5"/>	<input type="text" value="34,833.00"/>	<input type="text" value="18,636.00"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Cognizant Agency (Agency Name, POC Name and Phone Number)	DHHS Audit Agency Name of Regional Negotiator Phone Number of Regional Negotiator
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Indirect Cost Rate Agreement Date <input type="text" value="04/30/2014"/>	Total Indirect Costs	<input type="text" value="110,944.00"/>
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### C. Total Direct and Indirect Costs (A + B)

	Funds Requested (\$)	<input type="text" value="367,944.00"/>
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# PHS 398 Modular Budget, Periods 3 and 4

OMB Number: 0925-0001  
Expiration Date: 9/30/2007

## Budget Period: 3

 Start Date: 

 End Date: 

### A. Direct Costs

\* Funds Requested (\$)

* Direct Cost less Consortium F&A	<input type="text" value="250,000.00"/>
Consortium F&A	<input type="text" value="7,000.00"/>
<b>* Total Direct Costs</b>	<b><input type="text" value="257,000.00"/></b>

### B. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input type="text" value="MTDC (09/01/2016 - 08/31/2017)"/>	<input type="text" value="53.5"/>	<input type="text" value="209,000.00"/>	<input type="text" value="111,815.00"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Cognizant Agency (Agency Name, POC Name and Phone Number)	DHHS Audit Agency Name of Regional Negotiator Phone Number of Regional Negotiator
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Indirect Cost Rate Agreement Date <input type="text" value="04/30/2014"/>	Total Indirect Costs <input type="text" value="111,815.00"/>
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### C. Total Direct and Indirect Costs (A + B)

Funds Requested (\$)

## Budget Period: 4

 Start Date: 

 End Date: 

### A. Direct Costs

\* Funds Requested (\$)

* Direct Cost less Consortium F&A	<input type="text" value="250,000.00"/>
Consortium F&A	<input type="text" value="7,000.00"/>
<b>* Total Direct Costs</b>	<b><input type="text" value="257,000.00"/></b>

### B. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input type="text" value="MTDC (09/01/2017 - 08/31/2018)"/>	<input type="text" value="53.5"/>	<input type="text" value="209,000.00"/>	<input type="text" value="111,815.00"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Cognizant Agency (Agency Name, POC Name and Phone Number)	DHHS Audit Agency Name of Regional Negotiator Phone Number of Regional Negotiator
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Indirect Cost Rate Agreement Date <input type="text" value="04/30/2014"/>	Total Indirect Costs <input type="text" value="111,815.00"/>
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### C. Total Direct and Indirect Costs (A + B)

Funds Requested (\$)

# PHS 398 Modular Budget, Period 5 and Cumulative

OMB Number: 0925-0001

Expiration Date: 9/30/2007

**Budget Period: 5**

Start Date:

End Date:

**A. Direct Costs**

\* Funds Requested (\$)

* Direct Cost less Consortium F&A	<input type="text" value="250,000.00"/>
Consortium F&A	<input type="text" value="7,000.00"/>
* Total Direct Costs	<input type="text" value="257,000.00"/>

**B. Indirect Costs**

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1.	<input type="text" value="MTDC (09/01/2018 - 08/31/2019)"/>	<input type="text" value="53.5"/>	<input type="text" value="209,000.00"/>	<input type="text" value="111,815.00"/>
2.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Cognizant Agency (Agency Name, POC Name and Phone Number)

Indirect Cost Rate Agreement Date

Total Indirect Costs

**C. Total Direct and Indirect Costs (A + B)**

Funds Requested (\$)

**Cumulative Budget Information**

**1. Total Costs, Entire Project Period**

* Section A, Total Direct Cost less Consortium F&A for Entire Project Period	\$	<input type="text" value="1,250,000.00"/>
Section A, Total Consortium F&A for Entire Project Period	\$	<input type="text" value="35,000.00"/>
* Section A, Total Direct Costs for Entire Project Period	\$	<input type="text" value="1,285,000.00"/>
* Section B, Total Indirect Costs for Entire Project Period	\$	<input type="text" value="569,434.00"/>
* Section C, Total Direct and Indirect Costs (A+B) for Entire Project Period	\$	<input type="text" value="1,854,434.00"/>

**2. Budget Justifications**

Personnel Justification	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
Consortium Justification	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>
Additional Narrative Justification	<input type="text"/>	<input type="button" value="Add Attachment"/>	<input type="button" value="Delete Attachment"/>	<input type="button" value="View Attachment"/>