|  |
| --- |
| New logo JPGDamon Runyon Clinical Investigator AwardContinuation Grant**Budget Form** |
| **Applicant’s Name:** | **Project Title:**      |
| *Damon Runyon Clinical Investigator Award Continuation Grants provide $400,000 over two years of direct research costs. No indirect costs are covered. The Continuation Grant funds are intended to be flexible and can be used to fit a variety of scientific needs, including the Investigator’s salary, salaries for professional and technical personnel, special equipment, supplies and other miscellaneous items required to conduct the proposed research. The Foundation and the Scientific Review Committee expect the submitted two-year budgets to be realistic estimates of the funds required for the proposed research.* |
| **Types of Expenditures:****Personnel:** *Names and positions of all personnel must be individually listed and the percentage of time to be devoted to the project by each person should be noted. If the individual has not been selected, please list as "TBD.” Please justify the need for each person listed.***Equipment:** *Permanent equipment that costs more than $1000. Please list each item separately and include a justification of why it is needed.***Supplies:** *Group into major categories (chemicals, animals, etc.) and include a justification of why each is required.***Miscellaneous:** *List specific amounts for each item (computer time, pathology, scientific software, etc.) and indicate why each is required.* |
| **Year 1** |
| Type of Expenditure | Item/Name | Justification | Amount |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |  | **TOTAL:** | **$** |

|  |
| --- |
| **Year 2** |
| Type of Expenditure | Item/Name | Justification | Amount |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |  | **TOTAL:** | **$** |