|  |
| --- |
| Damon Runyon-Clinical Investigator Award**Budget Form** |
| **Investigator’s Name:** | **Damon Runyon Award Number:**CI:       |
| *The $450,000 award will be for a period of three years. Funding in the amount of $150,000 will be allocated to the awardee’s institution each year for the support of the Clinical Investigator. No indirect costs or institutional overhead are covered.*  ***Budget requests in excess of $150,000 in any one year must include a special justification and are subject to approval by the Foundation.*** *The Clinical Investigator Award 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 yearly 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 $1500. 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**  |
| Type of Expenditure | Item/Name | Justification | Amount |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |       |       | $      |
|  |  | **TOTAL:** | **$** |