

Site Location:	
Principal Investigator:	
Study Coordinator:	
Budget File Filled out by:	

User will only be able to edit YELLOW cells

Per Subject Activities	Per Item Cost	No. of Occurrences for Year One	Total Cost
Informed Consent	\$ 40.00	1	\$ 40.00
Blood Draw	\$ 40.00	1	\$ 40.00
Administer CRF Questionnaire	\$ 75.00	1	\$ 75.00
Site Coordinator Fee	\$ 125.00	1	\$ 125.00
Primary Investigator Fee	\$ 135.00	1	\$ 135.00
Patient Reimbursement (Parking Fees Only)	\$ 25.00	1	\$ 25.00
Miscellaneous (Do not Edit, Please Specify Below)	\$ -	1	\$ -
<b>Total Cost per Subject</b>			<b>\$ 440.00</b>
Indirect Costs (Indicate %)	10%		\$ 44.00
<b>Subtotal per Subject Costs</b>			<b>\$ 484.00</b>
Total Number of Subjects for Year One	250		
<b>Subtotal Year One Subject Costs</b>			<b>\$ 121,000.00</b>
<b>One Time Costs (Exempt from Indirect Costs)</b>			
IRB submission	\$ 2,500.00	1	\$ 2,500.00
Institutional Fees	\$ 2,500.00	1	\$ 2,500.00
Miscellaneous (Do not Edit, Please Specify Below)	\$ -	1	\$ -
<b>Subtotal One Time Costs</b>			<b>\$ 5,000.00</b>
<b>GRAND TOTAL FOR YEAR ONE</b>			<b>\$ 126,000.00</b>

Additional Description of Miscellaneous Costs					
Per Subject Miscellaneous Costs		Cost	One Time Miscellaneous Costs		Cost
Item 1 (Please Edit with Description)			Item 1 (Please Edit with Description)		
Item 2 (Please Edit with Description)			Item 2 (Please Edit with Description)		
Item 3 (Please Edit with Description)			Item 3 (Please Edit with Description)		
<b>TOTAL (Will be Copied to Cell Above)</b>		<b>\$ -</b>	<b>TOTAL (Will be Copied to Cell Above)</b>		<b>\$ -</b>