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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Seed Grant Detailed Budget** | | | | | **Start Date**  01/01/2025 | **End Date**  06/30/2026 | |
| **Personnel** – *Key Personnel salary/fringe is unallowable. Other Personnel may be requested if necessary to complete the project.* | | | | | *\*Specify which academic partner will incur the costs.* | | |
| **Name or TBD** | **Role** | **Percent Effort** | **Salary Requested** | **Fringe Benefits** | **Total**  **(Salary + Fringe)** | | **Academic Partner\*** |
|  |  |  |  |  |  | |  |
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|  |  |  |  |  |  | |  |
|  |  |  |  |  |  | |  |
| **Subtotal Personnel** | | | | |  | |  |
| **Materials and Supplies** | | | | |  | |  |
| **Equipment (over $5,000 per unit)** | | | | |  | |  |
| **Travel** | | | | |  | |  |
| **Consultants/Contractors** | | | | |  | |  |
| **Patient Care Costs** | | | | |  | |  |
| **Other – Participant Incentives –** *For ClinCards include the card and load fees*. | | | | |  | |  |
| **Other – Miscellaneous** | | | | |  | |  |
| **Other Expenses – Publication / Dissemination** | | | | |  | |  |
| **Subtotal Prisma Health** | | | | |  | |  |
| **Subtotal Academic Partner** | | | | |  | |  |
| **Total Budget** | | | | |  | |  |

**Budget Justification**

*Provide a budget justification for each item included in the detailed budget. Explain why the expenses is needed and how the budgeted amount was calculated.*

*Specify whether each cost will be incurred at Prisma Health or the academic partner institution. Awards to the partner institution will only be for those specified amounts and Prisma Health will retain funding for Prisma Health anticipated expenses.*