

**BUDGET EXPLANATION PAGE**  
**FOR COMPLETING**  
**DOE F 4620.1 (Budget Page)**

**SECTION**

**PROJECT Dollars**

**A. Senior Personnel** (List personnel, salary funds, and the number of person months as on the Budget Page(s). Also include a written narrative that fully justifies the need for requested personnel.)

Name	Position	Hours/Time	\$
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**B. Other Personnel** (List personnel, salary funds, and the number of person months as on the Budget Page(s). Also include a written narrative that fully justifies the need for requested personnel.)

Name	Position	Hours/Time	\$
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Explanation/Justification of Cost (For both A & B above)**

- Salaries/Wages are based upon University/Company established rates/salaries which are comparable to others doing similar research effort both within and outside the University/Private Industry.
- Salary/Wages are based upon \_\_\_\_\_

**C. Fringe Benefits** (Must include the current fringe benefit rate established for your organization as well as the total cost or a list of cost and type for each individual employed on the project.)

**Explanation/Justification of Cost**

- Fringe Benefit rate(s) based upon an approved rate from \_\_\_\_\_ (Approved by Federal Agency rate, i.e. DCAA, DHHS, ONR, etc., and ATTACH A COPY OF THE APPROVED FEDERAL AGENCY RATE AGREEMENT)
- Fringe Benefit rate(s) is/are set by the University/Company. The rate(s) is/are reviewed and adjusted yearly, and the Federal Agency that issues the approved rate agreement(s) reviews the fringe benefits bases.
- Fringe Benefit rate(s) is/are not approved. (Attach backup documentation to support the basis of your estimate, i.e. Tax records, copies of accounting information, etc.)

**D. Equipment** (List each item, its cost and reason it is needed for the project.) \$ \_\_\_\_\_

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**Explanation/Justification of Cost**

- Cost estimates are based upon quotes from vendors or catalog prices
- Cost estimates are based past experience of purchases of similar or like items
- Cost estimate is based upon \_\_\_\_\_

**E. Travel** (List each trip's destination, dates, estimated costs including transportation and subsistence, number of staff traveling and the purpose of the travel and how it relates to the project.) \$ \_\_\_\_\_

Destination\Number of Individuals	Lodging/Subsistence	Cost Estimate	Dates (From - To)
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	\$ _____	\$ _____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Explanation/Justification of Cost**

- Travel cost estimates are based upon quotes from travel agencies
- Travel cost estimates are based upon past experience of similar number of trips to similar travel destinations
- Travel cost estimate is based upon \_\_\_\_\_

**F. Trainee/Participant Costs** \$ \_\_\_\_\_

Educational projects that intend to support trainees (precollege, college, graduate and post graduate) must list each trainee cost that includes stipend levels and amounts, cost of tuition for each trainee, cost of any travel (provide the same information as needed under the regular travel category, Item E.), and costs for any related training expenses. Participant costs are those costs associated with conferences, workshops, symposia or institutes and breakout items should indicate the number of participants, cost for each participant, purpose of the conference, dates and places of meetings and any related administrative expenses.

Number of Participants \_\_\_\_\_ Cost for each Participant \$ \_\_\_\_\_

Names	Dates (From - To)	Location
_____	_____	_____

Names	Dates (From - To)	Location
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Explanation/Justification of Cost**

- Trainee cost estimates are based upon past experience of support of similar number of trainees on similar projects.
- Participant cost estimates are based upon past experience of support of similar number of participants attending similar conferences/workshops/symposia.
- Participant cost estimates are based upon \_\_\_\_\_

**G. Other Direct Costs (Total Amount) \$ \_\_\_\_\_**

**1. Materials and Supplies (Indicate types required and estimate of cost) \$ \_\_\_\_\_**

TYPE	COST
_____	_____
_____	_____
_____	_____
_____	_____

- Cost estimates are based upon past experience of purchase of similar or like items.
- Cost estimates are based upon quotes/catalog prices of similar or like items.
- Cost estimates are based upon \_\_\_\_\_

**2. Publication Costs/Documentation/Dissemination \$ \_\_\_\_\_**

(Estimate cost of preparing and publishing project results)

TYPE:	COST:
_____	_____
_____	_____
_____	_____

- Cost estimates are based upon past experience of purchase of similar or like items.
- Cost estimates are based upon vendor quotes of similar publication services
- Cost estimates are based upon \_\_\_\_\_

**3. Consultant Services \$ \_\_\_\_\_**

(Indicate name, daily compensation, number of days service required and justify)

NAME	DAILY FEE	NO. OF DAYS
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Consultant cost estimate is based upon previous experience/quotes for similar or like services.
- Consultant cost estimate is based upon \_\_\_\_\_

4. **Computer(ADP) Services** (Include justification based upon established computer service rates at the proposing institution. Purchase of equipment falls under section D above.) \$ \_\_\_\_\_

- Cost estimates are based upon quotes/past experience of purchase of similar computer services, or established computer service rates at the proposing institution
- Cost estimates are based upon \_\_\_\_\_

5. **Subcontracts** (Include a budget and justify details.) \$ \_\_\_\_\_

NAME: \_\_\_\_\_

BUDGET: ATTACH BUDGET OF SERVICES

JUSTIFICATION (*Cost Basis for Each Cost Element*): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. **Other - Other Direct Costs** (Itemize and justify details. Under this item list tuition remission for students employed to work on this project listed under the personnel category. Do not include tuition remission if this cost is include under fringe benefit category). \$ \_\_\_\_\_

ITEM	COST
_____	_____
_____	_____
_____	_____
_____	_____

\_\_\_\_\_  
\_\_\_\_\_

- Cost estimates are based upon vendor quotes and/or past experience of purchase of similar or like items.
- Tuition remission rate is set by the University and reviewed on a yearly basis.
- Other - Other Direct Cost estimate is based upon \_\_\_\_\_

**H. Total Direct Costs** \$ \_\_\_\_\_

**I. Indirect Costs** \$ \_\_\_\_\_

**Explanation/Justification of Cost**

Indirect Cost rate(s) is based upon an approved rate from \_\_\_\_\_ (Approved by Federal Agency rate, i.e. DCAA, DHHS, ONR, etc. ATTACH A COPY OF THE APPROVED FEDERAL AGENCY RATE AGREEMENT)

Indirect Cost rate(s) is not approved. (Attach backup documentation to support the basis of your estimate, i.e. Tax records, copies of accounting information, etc.).

**J. Total Direct and Indirect Costs of Project:** \$ \_\_\_\_\_