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| |  |  | | --- | --- | | JH Urban Health Institute logo | 2022 Strategic Consultation Grants for Baltimore City | | | | | | | | | | |
| PROJECT NAME: | | | | | | | | | |
| BUDGET FOR INITIAL BUDGET PERIOD (DIRECT COSTS ONLY) | | | | | STARTING DATE | | END DATE | | |
| PERSONNEL (Applicant organization only) | | | FTE/Months  Devoted  to Project | INST BASE SALARY | DOLLAR AMOUNT REQUESTED (OMIT CENTS) | | | | |
| NAME | ROLE ON  PROJECT | | SALARY REQUESTED | FRINGE BENEFITS | | | TOTAL |
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| SUBTOTALS | |  | | |  |  | | |  |
| SUPPLIES (Itemize by category) | | | | | | | |  | |
| TRAVEL | | | | | | | |  | |
| OTHER EXPENSES (Itemize by category)  INDIRECT COSTS ARE NOT PERMITTED | | | | | | | |  | |
| TOTAL DIRECT COSTS FOR BUDGET PERIOD | | | | | | | | $ | |

Financial Terms and Conditions

Please have your budget reviewed and approved by your departmental financial support representative. The rest of this page must be reviewed and signed by that individual.

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**General Terms and Conditions**

Johns Hopkins Faculty must be employed for the duration of the grant period and primarily located in Baltimore.

The community partner must remain engaged for the duration of the project and must be involved in the preparation and submission of the interim and final reports.

If your project requires IRB approval, the request should be initiated within the first 30 days of the project period.

**Financial Guidelines:**

Funds for the project will be transferred to the Hopkins faculty’s home department for administration. Facilities and administrative fees are not allowable.

Re-budgeting requests must be made in writing to [urbanhealth@jhu.edu](mailto:pcmartin@jhu.edu). Please explain the rationale and send a revised budget identifying the re-budgeted line items. Any unused funds must be returned to the UHI.

New hire faculty are not permitted on UHI projects. Faculty funding are to be used as salary support, not supplemental payments.

Requests for a one-time no-cost extension will be considered on a case-by-case basis. A no cost extension may be requested one time for a maximum of 6 months. Please send the request to [urbanhealth@jhu.edu](mailto:urbanhealth@jhu.edu). To obtain a no cost extension, you must be making satisfactory progress on the project and submit a detailed explanation of the rationale for the extension as well as any budgetary implications.

Department Financial Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department Financial Contact Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_