

Fisher Center Discovery Award: Budget Template 2027						
Project Title:						
PI:						
Submission Date:						
Directions: Do not delete rows or categories. Additional rows may be added within existing categories. Do not add new categories. If a row does not apply enter "n/a"						
JHU fringe rates: https://ora.jhmi.edu/faandfringe/						
Personnel (faculty at the level of full Professor may not receive salary support)	Role	Current Salary	% Effort	Salary	Fringe Rate	Fringe Benefits
JH Faculty Name (only list personnel slated for funding)	PI				0.335	0
JH Faculty Name (only list personnel slated for funding)	Co-investigator				0.335	0
JH Faculty Name (only list personnel slated for funding)	Co-investigator				0.335	0
JH Fellow Name (only list personnel slated for funding)	Post-doctoral Fellow				0.211	0
JH Staff Name (only list personnel slated for funding)	Research Coordinator				0.335	0
JH Staff Name (only list personnel slated for funding)	Lab Technician				0.335	0
Total Personnel (Not to exceed 50% of the budget without justification)						
Direct Patient Care and Remuneration (please itemize all expenses)			Unit Price	Quantity		Subtotal
Patient Care Item or Service						0
Patient Care Item or Service						0
Patient Care Item or Service						0
Patient Care Item or Service						0
Total Direct Patient Care and Remuneration						
Animal Care (please itemize all expenses)			Unit Price	Quantity		Subtotal
Animal Care Item or Service item						0
Animal Care Item or Service item						0
Animal Care Item or Service item						0
Animal Care Item or Service item						0
Total Animal Care						
Laboratory Supplies, Equipment, and Services (EXPENSES MUST BE ITEMIZED)			Unit Price	Quantity		Subtotal
Item						0
Item						0
Item						0
Item						0
Item						0
Item						0
Total Lab Supplies, Equipment, and Services (Not to exceed 50% of the budget without justification)						
Travel (study-related travel only; travel expenses to conferences are not permitted)			Unit Price	Quantity		Subtotal
Description						0
Total Travel						

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Other Expenses (ex. IRB fees, biostatistical support, publication fees, patent fees, etc)			Unit Price	Quantity		Subtotal
Item						0
Item						0
Item						0
Total Other Expenses						
Total Cash Award Requested (Not to exceed \$70,000 USD)						

/a" or leave blank	
Total	
\$0.00	
\$0.00	
\$0.00	
\$0.00	
\$0.00	
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