



Veterans Health Administration

Research & Development

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Site Budget Training

Cooperative Studies Program

Budget Subdomain

November 11, 2016

Reminder of Major Change From Last Year

- A Current Account Status section was added to the form to collect updated information on the current year funds.
- This information is being collected in the event that funding needs have changed since the original budget request forms were collected last year.
- The information being provided in this section will allow for earlier notification to CSP Central Office of withdrawals/increases so funds can be properly and timely reallocated.

Starting the Site Budget

- Populated budget sheets are sent to the site Budget Analysts /AOs by **November 11th, 2016**
- Site BA or AO will review and complete the budgetary sheet and send them to CSP Center Budget Analyst/designee by **January 13th, 2017.**
- All budget forms must be signed and dated by the Local Site Investigator and the ACOS-R before submission to the CSP Budget Analyst.



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Date:

From: Associate Center Director for Admin/Operations, _____ CSP Center ()

Subj: Submission of Request for Budgetary Support for VA Cooperative Studies for FY _____

To: ACOS for R&D (151), VA Medical Center, (*Center #*), City, State

1. Input from your medical center is requested for the planning of budgetary support of cooperative studies coordinated by the Cooperative Studies Program (CSP) for Fiscal Year _____.
2. Please complete the attached budget request form(s), noting estimated personnel costs, and all other costs associated with this study at your facility. This information can best be provided through the combined efforts of the Research Office and the Site Investigator of this trial. The budget published in the approved protocol should serve as a guide. Please complete the attached form(s) for each study being conducted at your center during all or any part of FY _____. If a Chairman's Office or laboratory is located at your center and your site is also a participating site, separate forms are included in this packet to be completed for each function. This packet includes forms for the following studies:

NAME OF STUDY

CSP STUDY NO.

3. Clinical care personnel, paid under Title 38, will have salary funds transmitted as part of the patient care budget, Program 870. This information must be submitted to the Cooperative Studies Program to ensure the ITA reflects clinical care funding. It is requested that the name, current grade and step, and benefits for each clinical care employee be included in your submission.
4. You should note that forms are being sent separately from various CSP Centers. As some cooperative studies at your center may be administered by different coordinating centers, forms may arrive at your center at varying times. If you have not received the form for a particular cooperative study by November _____, _____ please contact the CSP Center charged with the responsibility for that study.
5. Please indicate the Investigators status using the two drop down lists provided on the attached budget request form.

6. In providing the information requested, please be advised of the following:

- a. Salary estimates should be based upon the local pay schedule January _____. **Costs associated with anticipated grade and/or step increases** for the period of October 1, _____ through September 30, _____ should also be included. If not included, there is no guarantee that funds will be available to cover these additional costs.
- b. Columns are listed for the following: Grade/Step, Program, # of Paid Pay Periods, Annual Salary, Total Benefits, etc. This information is required to allow the CSP Centers to check computations prior to the budget review. These entries should be computed as follows:
 - (1) Grade/Step: Entries in this column should reflect the Grade and Step the employee will be during fiscal year _____. If the employee is due for a grade or step increase during the fiscal year, use two lines. Indicate the number of pay periods at each Grade/Step.
 - (2) Program: Use the drop down list to select the type of funds being requested.
 - (a) Program 870 Funds: Clinical Care Personnel
 - (b) Program 825 Funds: Non-Clinical Study Personnel
 - (c) Program 825 – IPA: Study Personnel paid pursuant to an Intergovernmental Personnel Act Agreement , on contract or Fee for Service Agreement (FFS). (Under the column “Grade/Step”, please indicate if the employee is either “IPA”, “Contract”, or “FSS”.
 - (d) NPC Funds: Funds provided by the CSP Center’s Non-Profit Corporation. These funds should only be requested upon direction of the CSP Center.
 - (3) # Paid PP's: This column reflects the number of pay periods in the fiscal year that the individual is to be paid (i.e., 26 = full fiscal year, 13 = half fiscal year, etc.)
 - (4) Annual Salary: Entries in this column reflect the annual pay rate for the employee, including locality pay, but exclusive of the estimated cost of the benefits package (“fringe”). Do **not** prorate salary to indicate employment for less than a full year or for part-time employment status in this entry.
 - (5) % Benefit Cost: Please list the percentage value of the employees anticipated benefit package. The percentage of benefits is computed based upon the annual salary. As in entry for annual salary, do **not** prorate based upon the type of length of appointment.

- (6) Total Benefits: The total benefit dollar amount will be automatically calculated based on the information entered into the previous cell.
 - (7) % of Time: This column indicates the employment status of the employee. If full-time, please indicate 100%; if half-time, indicate 50%, etc. Please refer to the approved protocol or current correspondence related to FTE percentage if adjusted since study initiation to determine the FTE allowed.
 - (8) Actual Salary and Benefits: The Actual Salary and Benefits will be automatically calculated based on the information entered into the previous cells.
7. Section 4: Current Account Status - This information is being collected in the event that funding needs have changed since the original budget requests forms were collected. The information being provided in this section will allow for earlier notification to CSP Central Office of withdrawals/increases so funds can be properly and timely reallocated.
- a. Columns are listed for the following: ITEM: Personnel costs including benefits for Program 825 IPA, 825, 870 etc., Prior Year Carrier Over, Actual Current Year ITA, Current Year Projections, and Projected End of Year Balance. These entries should be completed as follows:
 - (1) ITEM: This indicates the type funding.
 - (2) Prior Year Carry Over: If funds were carried over enter the amount for each item.
 - (3) Actual Current Year ITA: Allocated current year funding will be automatically populated based on the information entered into Section 3. Budget. If the amount listed in this cell is different than the amount anticipated, please contact the CSP Budget Analyst at the CSP Center.
 - (4) Current Year Projection: Enter actual (personnel/AOC) current year funding requirements based on current personnel and anticipated AOC.
 - (5) Projected End of Year Balance: This will automatically be calculated based on the information entered into the previous cells.
 - (6) Remarks: Describe the reason for increase/decrease.

8. Please complete this form as accurately and completely as possible. CSP Central Office will NOT accommodate requests for additional funds for items that could have been anticipated at the time of this budget request. It is expected that the funds requested on the attached form reflect the actual needs for the study. Please note that the current year allocation is listed on the form and any surplus or shortfall of funds should be reported to the CSP Budget Analyst/Designee by June 30, _____.

9. This information is needed as soon as possible, but not later than January _____, _____. Please return to the [insert name], Budget Analyst/Designee, CSP Center (*insert Center name*), Veterans Affairs Medical Center, (*City, State, ZIP*) via UPS or fax signed request to _____ . If you have any questions, please contact the Budget Analyst/Designee at (*insert phone # & email address*).

Thank you for your cooperation.

(Name)

Attachment

cc: AO for Research & Development (151) (at site)
SI (at site)

COOPERATIVE STUDIES PROGRAM, REQUEST FOR BUDGETARY SUPPORT, FY 2017	
VA STATION NAME	STATION NO.
Palo Alto	640
COOPERATIVE STUDY NAME	STUDY NO.
"Budgeting for Effective Study Totals BEST"	123
INVESTIGATOR'S NAME	ANTICIPATED FUNDING END DATE
Bee Wise	9/30/2018

The information in the top section of the form will be pre-filled. It will include the anticipated funding end date.

COOPERATIVE STUDIES PROGRAM, REQUEST FOR BUDGETARY SUPPORT, FY 2017

VA STATION NAME	STATION NO.
COOPERATIVE STUDY NO.	STUDY NO.
INVESTIGATOR	ANTICIPATED FUNDING END DATE

Use the drop-down buttons to show the status of the Investigator. An Investigator must have a 5/8th VA Appointment in order to serve on the study or a waiver by CSP CO is required.

1. STATUS OF INVESTIGATOR

Choose One: Fill in % of effort (If full time choose 8/8):

2. PERSONNEL - PROJECTED FOR FY 2016

NAME OF EMPLOYEE (Indicate if new position or vacant)	Grade/Step*	Program	#Paid Pay Periods	Annual Salary ¹	% Benefit Cost	Total Annual Benefits \$	% of Time	Actual Salary and Benefits	PositionTitle
						\$ -		\$ -	
						\$ -		\$ -	
						\$ -		\$ -	
						\$ -		\$ -	
						\$ -		\$ -	

Enter the name, grade and step of the personnel anticipated to be working on the study. Contact the HR Department to find the GS level of the employee if unknown.

2. PERSONNEL - PROJECTED FOR FY 2017									
NAME OF EMPLOYEE (Indicate if new position or vacant)	Grade/Step*	Program	#Paid Pay Periods	Annual Salary ¹	Benefit Cost	Total Annual Benefits \$	% of Time	Actual Salary and Benefits	PositionTitle
Cheryl Crow	NII/S3					\$ -		\$ -	
Tom Jones	GS10/8					\$ -		\$ -	
Susan Black	IPA					\$ -		\$ -	
						\$ -		\$ -	
						\$ -		\$ -	
						\$ -		\$ -	
						\$ -		\$ -	
						\$ -		\$ -	
						\$ -		\$ -	
						\$ -		\$ -	
						\$ -		\$ -	

*Use two lines if projected step increase is involved: Indicate number of pay periods and costs at each level. ¹Include locality pay

Program Type Classification by Title

Title 5 (Program 825)	Title 38 (Program 870)
• Administrative	• Physicians
• Professional	• Dentists
• Clerical	• Podiatrists
• Technical	• Optometrists
• Wage Grade	• Chiropractors
	• Registered Nurses
	• Nurse Anesthetists
	• Nurse Practitioners
	• Clinical Nurse Specialists
	• Physician Assistants
	• Expanded Function Dental Auxiliaries
	• Genomic Research Staff
	Hybrid 38
	• Pharmacist
	• Licensed Practical Nurses
	• Licensed Vocational Nurses
	• Occupational Therapists
	• Physical Therapists
	• Occupational Therapists
	• Certified Respiratory Therapists
	• Registered Respiratory Therapist

IPA PERSONNEL

- If consideration is being given to hiring personnel using an Intergovernment Personnel Act (IPA), it should be noted that the agreement cannot exceed a four-year period without a one year break regardless of the percentage of time and effort. Being assigned to a new study after another study has ended will not start the four-year period over again.
- An employee of a non-Federal organization must be employed by that organization for at least 90 days in a career position before entering into an IPA Agreement.
- Terms of an IPA can be found at the following website:
<https://www.opm.gov/policy-data-oversight/hiring-authorities/intergovernment-personnel-act/#url=Provisions>

Locating Budgeting Resources

Use this site for Nurse Locality Pay Schedules

<http://vaww.va.gov/OHRM/Pay/index.asp#T38>

Use this site for General (GS) Locality Pay Tables

<http://vaww.va.gov/OHRM/Pay/index.asp#GS>

Use this site for pay period calendars

<http://vaww.fscdirect.fsc.va.gov/payroll.asp>

Site to find Nurse Coordinator Salary

2014 Pay Charts

[Pay Raise](#)

[Special Salary Charts](#)

[Title 38](#)

[GS](#)

[FWS](#)

[Other](#)

[Archive](#)

[Key Documents](#) [View more](#)

[Schedules for Physician Assistants and EFDAs](#) [View more](#)

[Clinical Podiatrist, Optometrist & Chiropractor](#) [View more](#)

[Nurse Locality Pay Schedules](#) [View less](#)

Nurse Locality Pay Schedules

 [Stations 101-555](#)

 [Stations 556-635](#)

 [Stations 636-799](#)

Note: Nurse Locality Pay Schedules Updated as of November 6, 2014

Click on the range that includes the station number. Example: To choose station 640, the third range should be selected.

REGISTERED NURSE

Station	Schedule	OCC	City	Grade 01		Grade 02		Grade 03		Grade 04		Grade 05	
				Level 2	Level 3	Level 2	Level 3	Level 2	Level 3	Level 2	Level 3	Level 2	Level 3
640	NH37	610	PALO ALTO, CA										
Grade 01	<i>S1</i>	<i>S2</i>	<i>S3</i>	<i>S4</i>	<i>S5</i>	<i>S6</i>	<i>S7</i>	<i>S8</i>	<i>S9</i>	<i>S10</i>	<i>S11</i>	<i>S12</i>	<i>S13</i>
	79,477	81,861	84,245	86,629	89,013	91,397	93,781	96,165	98,549	100,933	103,317	105,701	0
Grade 01	<i>S14</i>	<i>S15</i>	<i>S16</i>	<i>S17</i>	<i>S18</i>	<i>S19</i>	<i>S20</i>	<i>S21</i>	<i>S22</i>	<i>S23</i>	<i>S24</i>	<i>S25</i>	<i>S26</i>
	0	0	0	0	0	0	0	0	0	0	0	0	0
Grade 02	<i>S1</i>	<i>S2</i>	<i>S3</i>	<i>S4</i>	<i>S5</i>	<i>S6</i>	<i>S7</i>	<i>S8</i>	<i>S9</i>	<i>S10</i>	<i>S11</i>	<i>S12</i>	<i>S13</i>
	93,501	96,306	99,111	101,916	104,721	107,526	110,331	113,136	115,941	118,746	121,551	124,356	0
Grade 02	<i>S14</i>	<i>S15</i>	<i>S16</i>	<i>S17</i>	<i>S18</i>	<i>S19</i>	<i>S20</i>	<i>S21</i>	<i>S22</i>	<i>S23</i>	<i>S24</i>	<i>S25</i>	<i>S26</i>
	0	0	0	0	0	0	0	0	0	0	0	0	0
Grade 03	<i>S1</i>	<i>S2</i>	<i>S3</i>	<i>S4</i>	<i>S5</i>	<i>S6</i>	<i>S7</i>	<i>S8</i>	<i>S9</i>	<i>S10</i>	<i>S11</i>	<i>S12</i>	<i>S13</i>
	101,916	104,973	108,030	111,087	114,144	117,201	120,258	123,315	126,372	129,429	132,486	135,543	0
Grade 03	<i>S14</i>	<i>S15</i>	<i>S16</i>	<i>S17</i>	<i>S18</i>	<i>S19</i>	<i>S20</i>	<i>S21</i>	<i>S22</i>	<i>S23</i>	<i>S24</i>	<i>S25</i>	<i>S26</i>
	0	0	0	0	0	0	0	0	0	0	0	0	0
Grade 04	<i>S1</i>	<i>S2</i>	<i>S3</i>	<i>S4</i>	<i>S5</i>	<i>S6</i>	<i>S7</i>	<i>S8</i>	<i>S9</i>	<i>S10</i>	<i>S11</i>	<i>S12</i>	<i>S13</i>
	120,255	123,862	127,469	131,076	134,683	138,290	141,897	145,504	149,111	152,718	156,325	157,100	0
Grade 04	<i>S14</i>	<i>S15</i>	<i>S16</i>	<i>S17</i>	<i>S18</i>	<i>S19</i>	<i>S20</i>	<i>S21</i>	<i>S22</i>	<i>S23</i>	<i>S24</i>	<i>S25</i>	<i>S26</i>
	0	0	0	0	0	0	0	0	0	0	0	0	0
Grade 05	<i>S1</i>	<i>S2</i>	<i>S3</i>	<i>S4</i>	<i>S5</i>	<i>S6</i>	<i>S7</i>	<i>S8</i>	<i>S9</i>	<i>S10</i>	<i>S11</i>	<i>S12</i>	<i>S13</i>
	144,306	148,635	152,964	157,100	157,100	157,100	157,100	157,100	157,100	157,100	157,100	157,100	0
Grade 05	<i>S14</i>	<i>S15</i>	<i>S16</i>	<i>S17</i>	<i>S18</i>	<i>S19</i>	<i>S20</i>	<i>S21</i>	<i>S22</i>	<i>S23</i>	<i>S24</i>	<i>S25</i>	<i>S26</i>
	0	0	0	0	0	0	0	0	0	0	0	0	0


































2014 Pay Charts

[Pay Raise](#) [Special Salary Charts](#) [Title 38](#) **[GS](#)** [FWS](#) [Other](#) [Archive](#)

[Key Documents](#) [View more](#)

[Locality Pay Tables for Geographic Areas](#) [View less](#)

Locality Pay Tables for Geographic Areas

 Alaska	 Dayton	 Miami	 Richmond
 Atlanta	 Denver	 Milwaukee	 Sacramento
 Boston	 Detroit	 Minneapolis	 San Diego
 Buffalo	 Hartford	 New York	 San Francisco
 Chicago	 Hawaii	 Philadelphia	 Seattle
 Cincinnati	 Houston	 Phoenix	 Washington
 Cleveland	 Huntsville	 Pittsburgh	 Rest of US
 Columbus	 Indianapolis	 Portland	
 Dallas	 Los Angeles	 Raleigh	

1. Click on "GS"

2. Click on Locality Pay Tables for Geographic Areas

3. Click on appropriate locality table

GENERAL SCHEDULE 5 U.S.C. 5332(a)

Rates, Within Grade, and Waiting Periods for Next Increase

San Jose-San Francisco-Oakland, CA - 35.15 %

STEP	52 Weeks			104 Weeks			156 Weeks			10
	1	2	3	4	5	6	7	8	9	
GS 1	\$24,301	\$25,114	\$25,922	\$26,726	\$27,534	\$28,008	\$28,807	\$29,613	\$29,644	\$30,401
2	27,323	27,973	28,878	29,644	29,975	30,856	31,737	32,618	33,500	34,381
3	29,811	30,805	31,798	32,791	33,785	34,778	35,772	36,765	37,758	38,752
4	33,467	34,582	35,697	36,812	37,927	39,042	40,157	41,272	42,387	43,502
5	37,443	38,692	39,941	41,190	42,438	43,687	44,936	46,185	47,434	48,682
6	41,738	43,129	44,520	45,910	47,301	48,692	50,083	51,473	52,864	54,255
7	46,382	47,928	49,474	51,020	52,567	54,113	55,659	57,205	58,751	60,297
8	51,366	53,079	54,791	56,504	58,216	59,928	61,641	63,353	65,065	66,778
9	56,735	58,625	60,516	62,407	64,298	66,188	68,079	69,970	71,861	73,751
10	62,478	64,561	66,644	68,726	70,809	72,892	74,974	77,057	79,140	81,222
11	68,643	70,931	73,219	75,507	77,795	80,083	82,371	84,659	86,947	89,235
12	82,275	85,017	87,760	90,502	93,244	95,986	98,728	101,471	104,213	106,955
13	97,836	101,098	104,359	107,620	110,881	114,142	117,403	120,665	123,926	127,187
14	115,613	119,466	123,319	127,172	131,025	134,878	138,731	142,585	146,438	150,291
15	135,993	140,526	145,059	149,592	154,125	157,100*	157,100*	157,100*	157,100*	157,100*

*Rate limited to level IV of the Executive Schedule

General Schedule - Office of Human Resources Management Effective January 12, 2014

NOTE: The adjusted annual rates of pay shown on this schedule are applicable to employees in the coverage area indicated below. These adjusted rates are considered basic pay for retirement, life insurance, premium pay, and severance pay. They are not considered basic pay for pay administration purposes.

Applicable locations are shown on the 2014 Locality Pay Area Definitions page:
<http://www.opm.gov/policy-data-oversight/pay-leave/salaries-wages/2014/locality-pay-area-definitions/>

2. PERSONNEL - PROJECTED FOR FY

2017 NAME OF EMPLOYEE (Indicate if new position or vacant)	Grade Step*	Program	#Paid Pay Periods	Annual Salary	% Benefit Cost	Total Annual Benefits \$	% of Time	Actual Salary and Benefits	PositionTitle
Cheryl Crow	NII/S3	870	26.0	\$ 99,111		-		\$ -	
Tom Jones	GS10/8	825	13.0	\$ 77,057		\$		\$ -	
Susan Black	IPA	825-IPA	26.0	\$ 83,429		\$			
						\$ -		\$ -	
						\$ -		\$ -	

Indicate the yearly salary of the employee. For VA employees this should be based on the locality pay table. If unsure, consult your HR Department. For IPAs, the salary is based on the agreement.

*Use two lines if projected step increase is involved: Indicate number of pay periods and costs at each level. Include locality pay.

Indicate the percent of the actual benefit rate. If the actual rate is not available, use 30%. The Total Annual Benefit will calculate automatically.

2. PERSONNEL - PROJECTED FOR FY 2017									
NAME OF EMPLOYEE (Indicate if new position OR vacant)	Grade/Step	Program	#Paid Pay Periods	Annual Salary	% Benefit Cost	Total Annual Benefits \$	% of Time	Actual Salary and Benefits	Position Title
Cheryl Crow	NII/S3	870	26.0	\$ 99,111	28%	\$ 27,751		\$ -	
Tom Jones	GS10/8	825	13.0	\$ 77,057	30%	\$ 23,117		\$ -	
Susan Black	IPA	825-IPA	26.0	\$ 83,429	0%	\$ -		\$ -	
						\$ -		\$ -	
						\$ -		\$ -	
						\$ -		\$ -	
						\$ -		\$ -	
						\$ -		\$ -	
						\$ -		\$ -	
						\$ -		\$ -	

*Use two lines if projected step increase is involved: Indicate number of pay periods and costs at each level. Include locality pay

Indicate the percent of time each employee will work on the study based on the current approved budget. Requests for additional FTE need to be approved by CSP CO and submitted through the CSP Center. The Actual Salary and Benefits will calculate automatically.

2. PERSONNEL - PROJECTED FOR FY 2019

NAME OF EMPLOYEE (Indicate if new position or vacant)	Grade/ Step*	Program	#Paid Pay Periods	Annual Salary ¹	% Benefit Cost	Total Annual Benefits \$	% of Time	Actual Salary and Benefits	PositionTitle
Cheryl Crow		870	26.0	\$ 99,111	28%	\$ 27,751	20%	\$ 25,372	
Tom Jones		825	13.0	\$ 77,057	30%	\$ 23,117	25%	\$ 12,522	
Susan Black		825-IPA	26.0	\$ 83,429	0%	\$ -	5%	\$ 4,171	
						\$ -		\$ -	
						\$ -		\$ -	
						\$ -		\$ -	
						\$ -		\$ -	
						\$ -		\$ -	
						\$ -		\$ -	
						\$ -		\$ -	
						\$ -		\$ -	

*Use two lines if projected step increase is involved: Indicate number of pay periods and costs at each level. ¹Include locality pay

Indicate the Title for each employee.

2. PERSONNEL - PROJECTED FOR FY 2017

NAME OF EMPLOYEE (Indicate if new position or vacant)	Grade/ Step*	Program	#Paid Pay Periods	Annual Salary ¹	% Benefit Cost	Total Annual Benefits \$	% of Time	Actual Salary and Benefits	PositionTitle
Cheryl Crow		870	26.0	\$ 99,111	28%	\$ 27,751	20%	\$ 25,372	Nurse Coordinator
Tom Jones		825	13.0	\$ 77,057	30%	\$ 23,117	25%	\$ 12,522	Study Coordinator
Susan Black		825-IPA	26.0	\$ 83,429	0%	\$ -	5%	\$ 4,171	Research Assistant
						\$ -		\$ -	
						\$ -		\$ -	
						\$ -		\$ -	
						\$ -		\$ -	
						\$ -		\$ -	
						\$ -		\$ -	
						\$ -		\$ -	
						\$ -		\$ -	
						\$ -		\$ -	
						\$ -		\$ -	

*Use two lines if projected step increase is involved: Indicate number of pay periods and costs at each level. ¹Include locality pay

The cells highlighted in dark green will calculate automatically based on the information entered in the Personnel section.

3. BUDGET				
ITEM		Actual FY15	Allocated FY 16	Requested FY 17
Personnel costs including benefits - Program 825 IPA	\$ 4,171			
Personnel costs including benefits - Program 825	\$ 12,522			\$ 16,693
Personnel costs including benefits - Program 870				\$ 25,372
Personnel costs including benefits – Non-Profit Corp.				\$ -
IT costs (to include salary and all other IT expenses)				
All other costs (including supplies and equipment) (Specify equipment in Remarks)				
Total		\$ -	\$ -	\$ 42,066
REMARKS (Use overleaf if necessary)				

Enter the appropriate costs in the cells not highlighted.

The cells highlighted in light green will calculate automatically based on the information in this Budget section.

For existing studies, the columns Actual FY15 and Allocated FY16 are pre-populated by the Center Budget Analyst.

3. BUDGET				
ITEM		Actual FY15	Allocated FY 16	Requested FY 17
Personnel costs including benefits - Program 825 IPA	\$ 4,171			
Personnel costs including benefits - Program 825	\$ 12,522			\$ 16,693
Personnel costs including benefits - Program 870				\$ 25,372
Personnel costs including benefits – Non-Profit Corp.				\$ -
IT costs (to include salary and all other IT expenses)				
All other costs (including supplies and equipment) (Specify equipment in Remarks)				
Total		\$ -	\$ -	\$ 42,066
REMARKS (Use overleaf if necessary)				

Use two lines for an employee due for a grade or step increase. Example: A step increase is expected on January 10, 2016. Count the number of pay periods covered before the step increase (in this example in FY16, 7.2 pay periods). Enter the number of pay periods and Annual Salary before the step increase.

2. PERSONNEL - PROJECTED FOR FY 2017									
NAME OF EMPLOYEE (Indicate if new position Or Vacant)	Grade/ Step*	Program	#Paid Pay Periods	Annual Salary	% Benefit Cost	Total Annual Benefits \$	% of Time	Actual Salary and Benefits	Position Title
Cheryl Crow	NII/S3	870	7.2	\$ 99,111	28%	\$ 27,751	100%	\$ 35,131	Nurse Coordinator
Cheryl Crow	NII/S4	870	18.8	\$ 101,916	28%	\$ 28,536	100%	\$ 94,327	Nurse Coordinator
						\$ -		\$ -	
						\$ -		\$ -	
						\$ -		\$ -	
						\$ -		\$ -	

To calculate the number of pay periods covered after the increase, subtract the number of pay periods before increase from 26 ($26 - 7.2 = 18.8$). Enter the number of pay periods and Annual Salary after the step increase.

3. BUDGET

The salary and benefit based on the step increase in the middle of the year is automatically populated under the related program type.

ITEM				
Personnel costs including benefits - Program 825 IPA	\$ -			
Personnel costs including benefits - Program 825	\$ -			-
Personnel costs including benefits - Program 870				\$ 129,458
Personnel costs including benefits – Non-Profit Corp.				\$ -
IT costs (to include salary and all other IT expenses)				
All other costs (including supplies and equipment) (Specify equipment in Remarks)				
Total		\$ -	\$ -	\$ 129,458

How Different is the Submitted Budget Compared to the Approved CSSEC Study Budget?

CSSEC Budget- Nurse II, Step 3, .50 FTE \$63,431

Proposed Budget (from slide 22) \$42,066

Variance is **favorable** \$21,365

(\$63,431-\$42,066=\$21,365)

This means that the proposed budget is **lower** than the CSSEC Budget.

The Remarks section should be used to communicate any additional costs outside the approved budget and/or to detail the “All Other Costs”. As an example, some studies have patient reimbursement and lab costs that are outside the standard of care. The budget for these items may appear as partially allocated to different sites (front-loaded) with the remainder included as one lump sum for all stations in the study budget summary sheet. Funds approved in the CSSEC budget not included on this form should be requested via fund request through your CSP Center. This section is reviewed by the Centers and adjusted accordingly.

3. BUDGET		
ITEM		FY 16
Personnel costs including benefits - Program 825 IPA	\$	
Personnel costs including benefits - Program 825	\$	-
Personnel costs including benefits - Program 870		-
Personnel costs including benefits – Non-Profit Corp.		-
IT costs (to include salary and all other IT expenses)		
All other costs (including supplies and equipment) (Specify equipment in Remarks)		
Total		-
REMARKS (Use overleaf if necessary)		
<p>Use this section to communicate any additional costs outside of the approved budget.</p>		

This information being provided in this section will allow for earlier notification to CSPCO of withdrawals/increases so funds can be properly and timely reallocated

4. Current Account Status				
CURRENT ACCOUNT STATUS				
ITEM	Prior Year Carry Over	Actual Current Year ITA	Current Year Projections	Projected End of Year Balance
Personnel costs including benefits - Program 825 IPA	\$ -	\$ -		\$ -
Personnel costs including benefits - Program 825				\$ -
Personnel costs including benefits - Program 870				\$ -
Personnel costs including benefits – Non-Profit Corp.		\$ -		\$ -
IT costs (to include salary and all other IT expenses)		\$ -		\$ -
All other costs (including supplies and equipment) (Specify equipment in Remarks)		\$ -		\$ -
Total	\$ -	\$ -	\$ -	\$ -
REMARKS (Use overleaf if necessary)				

ITEM: This indicates the type of funding

4. Current Account Status				
CURRENT ACCOUNT STATUS				
ITEM	Prior Year Carry Over	Actual Current Year ITA	Current Year Projections	Projected End of Year Balance
Personnel costs including benefits - Program 825 IPA	\$ -	\$ -		\$ -
Personnel costs including benefits - Program 825		\$ -		\$ -
Personnel costs including benefits - Program 870		\$ -		\$ -
Personnel costs including benefits – Non-Profit Corp.		\$ -		\$ -
IT costs (to include salary and all other IT expenses)		\$ -		\$ -
All other costs (including supplies and equipment) (Specify equipment in Remarks)		\$ -		\$ -
Total	\$ -	\$ -	\$ -	\$ -
REMARKS (Use overleaf if necessary)				

Prior Year Carry Over: If funds were carried over enter the amount for each item

4. Current Account Status				
CURRENT ACCOUNT STATUS				
ITEM	Prior Year Carry Over	Actual Current Year ITA	Current Year Projections	Projected End of Year Balance
Personnel costs including benefits - Program 825 IPA	\$ -	\$ -		\$ -
Personnel costs including benefits - Program 825	\$ 2,000			\$ 2,000
Personnel costs including benefits - Program 870		\$ -		\$ -
Personnel costs including benefits – Non-Profit Corp.		\$ -		\$ -
IT costs (to include salary and all other IT expenses)		\$ -		\$ -
All other costs (including supplies and equipment) (Specify equipment in Remarks)		\$ -		\$ -
Total	\$ 2,000	\$ -	\$ -	\$ 2,000
REMARKS (Use overleaf if necessary)				

Actual Current Year
ITA: Pre populated
based on the
information entered
into Section 3. Budget

4. Current Account Status				
CURRENT ACCOUNT STATUS				
ITEM	Prior Year Carry Over	Actual Current Year ITA	Current Year Projections	Projected End of Year Balance
Personnel costs including benefits - Program 825 IPA	\$ -	\$ -		\$ -
Personnel costs including benefits - Program 825	\$ 2,000	\$ 15,858.00		\$ 17,858
Personnel costs including benefits - Program 870		\$ -		\$ -
Personnel costs including benefits – Non-Profit Corp.		\$ -		\$ -
IT costs (to include salary and all other IT expenses)		\$ -		\$ -
All other costs (including supplies and equipment) (Specify equipment in Remarks)		\$ -		\$ -
Total	\$ 2,000	\$ 15,858	\$ -	\$ 17,858
REMARKS (Use overleaf if necessary)				

Current Year Projections:
Enter actual current year
funding requirements
based on current
personnel and anticipated
AOC

4. Current Account Status				
CURRENT ACCOUNT STATUS				
ITEM	Prior Year Carry Over	Actual Current Year ITA	Current Year Projections	Projected End of Year Balance
Personnel costs including benefits - Program 825 IPA	\$ -	\$ -		\$ -
Personnel costs including benefits - Program 825	\$ 2,000	\$ 15,858.00	\$ 15,858.00	\$ 2,000
Personnel costs including benefits - Program 870		\$ -		\$ -
Personnel costs including benefits – Non-Profit Corp.		\$ -		\$ -
IT costs (to include salary and all other IT expenses)		\$ -		\$ -
All other costs (including supplies and equipment) (Specify equipment in Remarks)		\$ -		\$ -
Total	\$ 2,000	\$ 15,858	\$ 15,858	\$ 2,000
REMARKS (Use overleaf if necessary)				

Projected End of Year Balance: This will automatically be calculated based on the information entered into previous cells.

4. Current Account Status				
CURRENT ACCOUNT STATUS				
ITEM	Prior Year Carry Over	Actual Current Year ITA	Current Year Projections	Projected End of Year Balance
Personnel costs including benefits - Program 825 IPA	\$ -	\$ -		\$ -
Personnel costs including benefits - Program 825	\$ 2,000	\$ 15,858.00	\$ 15,858.00	\$ 2,000
Personnel costs including benefits - Program 870		\$ -		\$ -
Personnel costs including benefits – Non-Profit Corp.		\$ -		\$ -
IT costs (to include salary and all other IT expenses)		\$ -		\$ -
All other costs (including supplies and equipment) (Specify equipment in Remarks)		\$ -		\$ -
Total	\$ 2,000	\$ 15,858	\$ 15,858	\$ 2,000
REMARKS (Use overleaf if necessary)				

4. Current Account Status

ITEM	Current Year Projections	Projected End of Year Balance
Personnel costs inc		\$ -
Personnel costs inc	16,693.00	\$ 1,165
Personnel costs inc		\$ -
Personnel costs incl		\$ -
IT costs (to include		\$ -
All other costs (includ equipment in Remarks)		\$ -
Total	\$ 2,000	\$ 15,858
	\$ 16,693	\$ 1,165

Remarks: Describe the reason for the increase/decrease

Note: Excess funds or additional funding requirements should be reported to the Project Manager/Budget Analyst immediately

REMARKS (Use overleaf if necessary)

PY carry over will be used to supplement current year funds to cover salaries. Site will be returning excess.

SIGNATURE OF INVESTIGATOR

SIGNATURE OF ACOS FOR RESEARCH

4. Current Account Status

ITEM	Current Year Projections	Projected End of Year Balance
Personnel costs including benefits - Program 825 IP		\$ -
Personnel costs including benefits - Program 825		\$ 15,858
Personnel costs including benefits - Program 870		\$ -
Personnel costs including benefits – Non-Profit Corp		\$ -
IT costs (to include salary and all other IT expenses)		\$ -
All other costs (including supplies and equipment) (Specify equipment in Remarks)		\$ -
Total	\$ -	\$ 15,858

All budget requests require the signature of the Site Investigator and the ACOS for Research and the date.

REMARKS (Use overleaf if necessary)

SIGNATURE OF INVESTIGATOR	SIGNATURE OF ACOS FOR RESEARCH
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PHONE NO.	DATE	PHONE NO.	DATE
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Other Budgeting Notes:

- Study Budgets are consolidated with CSP Center Budgets and submitted to CSP Central Office in early February.
- CSP Central Office reviews and approves the consolidated budgets and prepares the ITAs over the summer.
- CSP Central Office sends Program 870 ITA funds to the stations.
- CSP Central Office sends Program 825 current year ITA funds after the Continuing Resolution (CR).
- After receiving the ITA in October, inform the CSP Budget Analyst of any funding discrepancies.
- **Throughout the fiscal year**, inform the CSP Budget Analyst of changes in personnel, salary requirements, or any fiscal issues.

Wrap Up

- Questions and Comments ?
- Thank you for your time; please follow the instructions and submit your official funding request on time.
- Your CSP Center Budget Analyst and Project Manager are available to help!