Research budget guide

Completing a research budget can be an overwhelming task for researchers. This guide helps you to understand where to insert your revenue and expenditure details when completing a budget using the <u>template</u> provided.

After you complete your budget, this is how your finished document should appear:

old Coast Health - Research Bu roject Name:	Example							
rincipal Investigator <i>is</i> :	ORGD							
OTE: Please enter your budget details	in the yellow shaded cells only.							
Budget Category		Budget Item / Description	Per Item Unit or Per Hour	Units or Hours Required			To	tal Revenue
evenue		PPTF	\$132,659.00				-	\$132,65
		GCHHS	\$132,853.00	1				\$132,65
		EMF	\$292,937.90	1				\$292.93
VENUE Total			\$ 548,524.90				\$	548.524
Budget Category	In-Kind Contribution (YiN)	Budget Item / Description	Cast Per Item Unit ar Per Haur	Units or Hours Required	In-Kind Cast	Total Cash Cost		tal Item Cos
Infrastructure and Equipment								
	N	ROTEM Sigma machine x 2	\$25,000.00	2	\$0.00	\$50,000.00		\$50,00
	N	Multiplate Reagents	\$9,695.00	1	\$0.00			\$9,69
ibtotal	N	-80 degress Freezer	\$13,990.00 \$ 48,685,00	1	\$0.00 \$ -			\$13,99
ibtotal Human Resources Costs			\$ 48,685.00		\$ -	\$ 73,685.00	L.	73,685.
numan nesources costs	N	0.3 FTE from GCHHS for 3 years	\$122,928,00	1	\$0.00	\$122,928.00		\$122,92
	Ň	0.7 FTE from EMF for 3 years	\$233,937.90	1	\$0.00			\$233,93
	N	Grade 1RA	\$58,974.00	1	\$0.00	\$58,974.00	1	\$58,97
ibtotal			\$ 415,839.90		\$ -	\$ 415,839.90	\$	415,839.
Services								
	N	Statistical support	\$125.00	40		\$5,000.00		\$5,00 \$
					\$0.00 \$0.00	\$0.00		3
ibtotal			\$ 125.00		\$0.00 \$ -	\$ 5,000.00		5,000.
Consumables and Running			¥ 120.00		·	• 0,000.00	L.	0,000
	Y	ROTEM Cartridges	\$1,000.00	5	\$5,000.00			\$5,00
	Y	Other Maintenance/Insurance	\$2,350.00	1	\$2,350.00	\$0.00		\$2,35
					\$0.00	\$0.00		\$
btotal Dissemination Costs			\$ 3,350.00		\$ 7,350.00	\$ -	\$	7,350
Dissemination Costs					\$0.00	\$0.00		\$
					\$0.00	\$0.00		4
					\$0.00	\$0.00		\$
ibtotal			\$ -		\$ -	\$ -	\$	
Other Costs						440.000.00		A.10.00
	N	Per patient payment Project Coordinator Site Visit Costs	\$ 400.00 \$ 12,000.00	105	\$0.00 \$0.00	\$42,000.00 \$12,000.00		\$42,00 \$12,00
	11	Froject Coordinator Site Visit Costs			\$0.00 \$0.00	\$12,000.00		\$12,UL \$
btotal			\$ 12,400.00		\$0.00 − 2	\$ 54.000.00		54,000
PENSE Totals			· ic, 100.00		\$ 7.350.00	\$ 548,524,90	1	01,000
IRPLUS / DEFICIT			equals IO	Al Revenue less To		d cost not included)		
KIND COST			equals 10	1121101101102103510	ALL DESTRUCTION AND AND AND AND AND AND AND AND AND AN	a soon not monaded)	\$	7,350
KIND COST COST (Part of dedicated researc	h time, as well as to an all as to -1.4	(PI: 50 hours Medical Officer	Loual 24, total @ 120.26 **	rhour		\$	6,513
CODI (Part of dedicated researc	ri unie of volunteerea outside a	WOIK NOUISJ	RA: 50 hours Medical Officer RA: 50 hours Nursing Strea				\$	3,089
			prior, ou nours mursing strea	in Level or rig sourd perind	yar		L *	3,083

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(Read the research budget example)

Your budget template must account for all revenue and expenditure, including in-kind and no cost expenses. While completing your research budget template, use the following sections as a guide:

Revenue Expenses In-kind contributions No cost contributions



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Revenue

Revenue is funding to support your research within Gold Coast Hospital and Health Service (GCHHS). This only includes revenue received at GCHHS.

How do I complete the revenue?

List all revenue sources in the enclosed section below on the right. Do not list funds going to an external entity (i.e. a university). Each source requires supporting documents, letter of approval, and funding confirmation.

old Coast Health - Research Budge								
roject Name:	Example							
rincipal Investigator/s:	ORGD							
OTE: Please enter gour budget details in the	e yellow shaded cells only.							
Budget Category		Budget Item I Description	Per Item Unit or Per Hour	Units or Hours Required			Total Re	иепие
evenue		DDTE	4400.050.00					132.659
		PPTF GCHHS	\$132,659.00 \$122,928.00	-	-			132,653
		EMF	\$292,937,90	-	-			292.93
EVENUE Total			\$ 548,524,90					3.524
Budget Category	In-Kind Contribution (Y/N)	Budget Item / Description	Cost Per Item Unit or Per Hour	Units or Hours Required	In-Kind Cost	Total Cash Cost	Total Iter	
Infrastructure and Equipment	1		105 000 00			150 000 00		
	N	ROTEM Sigma machine x 2 Multiplate Reagents	\$25,000.00	2	\$0.00 \$0.00	\$50,000.00 \$9,695.00		\$50,000 \$9,69\$
	N	-80 degress Freezer	\$13,990.00		\$0.00	\$3,835.00		\$3,63 \$13,99
ubtota	14	-oo degress i reezer	\$ 48,685.00		\$ -	\$ 73,685.00		B,685.
Human Resources Costs					Ť			,000.
	N	0.3 FTE from GCHHS for 3 years	\$122,928.00	1	\$0.00	\$122,928.00		122,92
	N	0.7 FTE from EMF for 3 years	\$233,937.90		\$0.00	\$233,937.90		233,93
	N	Grade 1RA	\$58,974.00	-	\$0.00	\$58,974.00		\$58,97
ubtotal			\$ 415,839.90		\$ -	\$ 415,839.90	\$ 415	5,839.
Services	N	Statistical support	\$125.00	40	\$0.00	\$5.000.00		\$5.000
			110.00		\$0.00	\$0.00		\$(
					\$0.00	\$0.00		\$(
ubtotal			\$ 125.00		\$ -	\$ 5,000.00	\$ 5	5,000.
Consumables and Running	1.1	POTENO	\$1,000,00		45,000,00	\$0.00		45.000
	Y V	ROTEM Cartridges Other Maintenance/Insurance	\$1,000.00		\$5,000.00 \$2,350.00	\$0.00		\$5,00 \$2,35
		Other Mainternanceninsdrance	\$2,000.00		\$0.00	\$0.00		\$
ubtotal			\$ 3,350.00		\$ 7,350.00			7.350.
Dissemination Costs								
					\$0.00	\$0.00		\$(
	-				\$0.00	\$0.00		\$1
ubtotal			\$ -		\$0.00 \$ -	\$0.00 \$ -	\$	\$
ubtotai Other Costs			÷ -		\$ -	\$ -	-	-
	N	Per patient payment	\$ 400.00	105	\$0.00	\$42,000.00	\$	\$42,00
	N	Project Coordinator Site Visit Costs	\$ 12,000.00		\$0.00	\$12,000.00	\$	\$12,00
					\$0.00	\$0.00		\$
ubtotal			\$ 12,400.00		\$ -	\$ 54,000.00	\$ 54	,000.
KPENSE Totals					\$ 7,350.00	\$ 548,524.90		
URPLUS / DEFICIT			equals TOT	AL Revenue less To	otal Cash Cost (In-kin	d cost not included)		
KIND COST							\$ 7.	7,350.
D COST (Part of dedicated research tim	e or volunteered outside o	of work hours)	PI: 50 hours Medical Officer	Level 24 total @ 130.26 p	er hour		\$6	6,513.
			RA: 50 hours Nursing Stream	n Level 5.7 @ \$61.79 per h	our		\$ 3	8,089.
DR OFFICE OF RESEARCH GOVERNANC	E & DEVELOPMENT LISE (DNLY: PRE-SSA/SSA	Budget rev	ieved and approve	t.		Date:	

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Expenses

How do I complete the expenses?

Please include the cost and detail under the various categories, of all the project's expected expenses. Supporting documents such as quotes are required.

Labour costs

Please note that all labour calculations must include on-costs. 30% is an acceptable figure to add to your calculation if your finance area has not provided you with a formal costing.

In-kind contributions

In-kind contributions are an indirect cost to GCHHS. In-kind is where no actual funds are available to cover the cost, but the Department has confirmed support through providing staff hours or supplies, for example printing or stationery.

How do I complete in-kind contributions?

Ensure you allocate costs as either in-kind or not (Yes/No) within the enclosed left section and list your in-kind costs under the in-kind cost menu on the right.

old Coast Health - Research Bu	idget Template						
oject Name:	Example						
rincipal Investigator/s:	ORGD						
DTE: Please enter your budget details							
UTE: Please enter your budget details Budget Category	in the gellow shaded cells only.	Budget Item / Description	Per kem Unit or Per Hour	Units or Hours Required			Total Revenu
evenue			r er mour	ricquired			
		PPTF	\$132,659.00	1			\$132,65
		GCHHS	\$122,928.00	1			\$122,92
		EMF	\$292,937.90	1			\$292,93
VENUE Total			\$ 548,524.90				\$ 548,524.
Budget Category	In-Kind Contribution	Budget Item / Description	Cast Per Item Unit	Units or Hours	In-Kind Cost	Total Cash Cost	Total Item Cos
	(YIN)		or Per Hour	Required			
Infrastructure and Equipment	N	ROTEM Sigma machine x 2	\$25,000.00		\$0.00	\$50,000.00	\$50,00
	N	Multiplate Reagents	\$25,000.00		\$0.00	\$9,695.00	\$30,00 \$9,69
	N	-80 degress Freezer	\$13,990.00	1	\$0.00	\$13,990.00	\$13,99
ibtotal			\$ 48,685.00		\$ -	\$ 73,685.00	
Human Resources Costs							
	N	0.3 FTE from GCHHS for 3 years	\$122,928.00	1	\$0.00	\$122,928.00	\$122,92
	N	0.7 FTE from EMF for 3 years Grade 1RA	\$233,937.90 \$58,974.00	1	\$0.00 \$0.00	\$233,937.90 \$58,974.00	\$233,93 \$58,97
ubtotal	14	Orade Thm	\$ 415,839.90		\$ -	\$ 415,839.90	
Services			¥ 415,055.50		•	¥ 413,033.30	• +13,033.
	N	Statistical support	\$125.00	40	\$0.00	\$5,000.00	\$5,00
					\$0.00	\$0.00	\$
· ·			405.00		\$0.00	\$0.00	\$
btotal Consumables and Running			\$ 125.00		\$ -	\$ 5,000.00	\$ 5,000.
Consumables and Running		ROTEM Cartridges	\$1,000.00	5	\$5,000.00	\$0.00	\$5,00
	Ý	Other Maintenance/Insurance	\$2,350.00	1	\$2,350.00	\$0.00	\$2,35
					\$0.00	\$0.00	\$
btotal			\$ 3,350.00		\$ 7,350.00	\$ -	\$ 7,350
Dissemination Costs					40.00	40.00	\$
					\$0.00 \$0.00	\$0.00 \$0.00	1
					\$0.00	\$0.00	4
btotal			\$ -		\$ -	\$ -	\$ -
Other Costs							
	N	Per patient payment	\$ 400.00	105	\$0.00	\$42,000.00	\$42,00
	N	Project Coordinator Site Visit Costs	\$ 12,000.00	1	\$0.00	\$12,000.00	\$12,00
btotal			\$ 12,400.00		\$0.00 \$ -	\$0.00 \$ 54.000.00	\$ 54,000.
Dtotal PENSE Totals			▼ 12,400.00		\$ 7.350.00	\$ 548.524.90	▼ 34,000.
			a anna la TOI	AL Revenue less Tot			
			equals TO	TAL Nevenue less 1 ot	ar Cash Cost (in-Kin	a cost not included)	
KIND COST			Di tot Martin I Orijan	r Level 24 total @ 130.26 per	h =		\$ 7,350 \$ 6.513
) COST (Part of dedicated researc	h time or volunteered outside c	r work hours)		r Level 24 total @ 130.26 per m Level 5.7 @ \$61.79 per hou			\$ 6,513 \$ 3,089
			I nA: 50 hours ivursing Strea	ni Level 5.7 மு \$61.79 per hou	11		> 3,089

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No cost

Although neither a direct nor indirect cost to GCHHS, we capture this cost to reflect the time committed to research that is not funded. This can include hours spent on the project as dedicated research time stipulated in your role description or volunteered time outside of work hours.

How do I complete no cost details?

Provide details of the estimated no cost component in the enclosed section below on the bottom. This includes the hours and pay levels for each team member.

old Coast Health - Research Budge	t Template						
roject Name:	Example						
rincipal Investigator/s:	ORGD						
OTE: Please enter your budget details in the	gellow shaded cells only.						
Budget Category		Budget kem / Description	Per Item Unit or Per Hour	Units or Hours Required			Total Revenue
evenue			rennour	nequirea			
		PPTF	\$132,659.00	1			\$132,655
		GCHHS	\$122,928.00	1			\$122,920
EVENUE Total		EMF	\$292,937.90 \$548,524.90				\$292,93 \$548,524.
Budget Category	In-Kind Contribution (YIN)	Budget Item / Description	Cast Per Item Unit ar Per Haur	Units or Hours Required	In-Kind Cast	Total Cash Cost	Total Item Cos
Infrastructure and Equipment			105 000 00			450 000 00	
	N	ROTEM Sigma machine x 2 Multiplate Reagents	\$25,000.00	2	\$0.00 \$0.00	\$50,000.00 \$9,695.00	\$50,00 \$9.69
	N	-80 degress Freezer	\$13,990.00		\$0.00	\$13,990.00	\$13,99
btotal			\$ 48,685.00		\$ -	\$ 73,685.00	
Human Resources Costs							
	N	0.3 FTE from GCHHS for 3 years	\$122,928.00	1	\$0.00	\$122,928.00	\$122,92
	N	0.7 FTE from EMF for 3 years Grade 1 BA	\$233,937.90 \$58.974.00		\$0.00 \$0.00	\$233,937.90 \$58,974.00	\$233,93 \$58.97
btotal	N	Grade IRA	\$ 415,839.90		\$0.00	\$ 415.839.90	
Services			• +10,000.00		·	• 410,000.00	410,000.
	N	Statistical support	\$125.00	40		\$5,000.00	\$5,00
					\$0.00	\$0.00	\$
11			\$ 125.00		\$0.00	\$0.00 \$ 5 000 00	\$
btotal Consumables and Running			\$ 125.00		\$ -	\$ 5,000.00	\$ 5,000.
consumables and numming	Y	ROTEM Cartridges	\$1,000.00	5	\$5,000.00	\$0.00	\$5,00
	Ý	Other Maintenance/Insurance	\$2,350.00		\$2,350.00	\$0.00	\$2,35
					\$0.00	\$0.00	\$
btotal			\$ 3,350.00		\$ 7,350.00	\$ -	\$ 7,350.
Dissemination Costs					\$0.00	\$0.00	\$
					\$0.00	\$0.00	s
					\$0.00	\$0.00	*
btotal			\$ -		\$ -	\$ -	\$ -
Other Costs	DI.	Prove the terms and	\$ 400.00	105	40.00	\$42.000.00	\$42.00
	N	Per patient payment Project Coordinator Site Visit Costs	\$ 400.00 \$ 12,000.00	105	\$0.00 \$0.00	\$42,000.00	\$42,00 \$12,00
		r roject coordinator offer visit costs	+ 12,000.00		\$0.00	\$0.00	\$
btotal			\$ 12,400.00		\$ -	\$ 54,000.00	
PENSE Totals					\$ 7,350.00	\$ 548,524.90	
RPLUS / DEFICIT			equals TOT	AL Revenue less To	tal Cash Cost (In-kin	d cost not included)	
KIND COST							♦ 7 350
COST (Part of dedicated research time	or volunteered outside o	of work hours)	PI: 50 hours Medical Officer	Level 24 total @ 130.26 pe	r hour		\$ 6,513
		·	RA: 50 hours Nursing Strea				\$ 3,089.
R OFFICE OF RESEARCH GOVERNANCI		ONLY: PRE-SSA / SSA		iewed and approve	•		Date:

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