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| **A black background with a black square  AI-generated content may be incorrect.**2025 Urban Health Institute Baltimore Health Equity Impact Grants Program  for Community-Based Research and Program Development | | | | | | | | |
| PROJECT NAME: | | | | | | | | |
| BUDGET FOR THE 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 | |  | | |  |  | |  |
| CONSULTANT COSTS | | | | | | | |  |
| EQUIPMENT (Itemize) | | | | | | | |  |
| 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 complete and have your departmental financial representative review, approve, and sign.

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The proposed project is for **[enter the number] months** continuous budget: **[enter Start Date] – [enter End Date]**.

Requested budget **$ [enter the number here]** . The amount allocated to support the expenses of the CBO: **$ [enter the number here]** .

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**General Terms and Conditions**

Johns Hopkins faculty/student must be employed/enrolled 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.

**Payroll and Timesheets**

Newly hired faculty and/or staff are not permitted to participate in this UHI grant. Student funding will require the submission of timesheets rather than lump sum payments. Faculty and staff funding is to be used as salary support, not supplemental payments.

**Financial Guidelines:**

The UHI will transfer funds for the project to the Johns Hopkins partner’s home department for administration and oversight. At least 50% of the budget must be used to support the expenses of the community-based organization. Any unused funds must be returned to the UHI.

* **Funds will be transferred in full** when the signed grants’ terms and conditions are returned to the UHI and IRB approval is obtained if required. Please note:
  + The funds will not be released until the UHI has received a copy of the required IRB approval.
  + Facilities and administrative fees are not allowable.
  + Project partners will notify the UHI of any supplemental funding or new grants that are supporting this project.
  + Project partners will notify the UHI if the project is behind schedule.
* **Funds administration and oversight** by the Johns Hopkins partner’s home department includes but is not limited to further disbursement of the funds to Johns Hopkins faculty/student and the Community partner: processing payroll, assisting Community partner with being set up as a vendor, invoice payments, reimbursements, ordering and tracking incentives/gift cards for the study participants, etc.
* 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 12 months. 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 and any budgetary implications using the provided template.
* **Re-budgeting** requests must be made in writing explaining the rationale and include a revised budget identifying the re-budgeted line items.

JH Department Financial Representative Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

JH Department Financial Representative Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_