|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Principal Investigator (Last, First, Middle): | |  | | | | |
|  | | | | | | |
| SIP RDA CLINICAL TRIAL CATEGORY BUDGET FORMBUDGET FOR ENTIRE PROPOSED PROJECT PERIOD | | | | | | |
| DIRECTIONS: -Allowable budget expenses in this category are limited to clinical research coordinator (related to recruitment and data collection) and expenses related to the completion of correlative science studies.-SCC expects its support of clinical trials through the SIP RDA mechanism to supplement support from other sources (pharmaceutical companies, WUSTL departments/divisions, etc). Other sources of support should be detailed below under “Other Sources of Support” below-Faculty salary is unallowable on Clinical Trial Category applications-Budget information provided below need not be exact and can be estimated in increments of $10,000-Do not alter this form | | | | | | |
|  | YEAR 1  BUDGET PERIOD | | YEAR 2  BUDGET PERIOD | YEAR 3  BUDGET PERIOD  (FOR NEW CT ONLY) | | |
| CLINICAL TRIAL COORDINATION | | | | | | |
| CLINICAL RESEARCH STAFF SALARY SUPPORT |  | |  |  | | |
| **CORRELATIVE STUDY EXPENSES** | | | | | | |
| PERSONNEL  (*faculty salary is unallowable*) |  | |  |  | | |
| CONSUMABLES/SUPPLIES |  | |  |  | | |
| RECHARGE/CORE EXPENSES |  | |  |  | | |
| CLINICAL TESTING (LABS, RADIOLOGICAL, ETC) **SPECIFICALLY** RELATED TO CORRELATIVE STUDIES |  | |  |  | | |
| OTHER EXPENSES |  | |  |  | | |
| TOTAL DIRECT COSTS BY YEAR |  | |  |  | | |
| TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PROJECT PERIOD | | | | | $ |  |

CLINICAL TRIAL COORDINATION JUSTIFICATION. If applicable, please included a brief justification on clinical research staff salary support.

CORRELATIVE STUDY EXPENSES JUSTIFICATION. If applicable, please included a brief justification on how funds will be spent on correlative study expenses.

OTHER SOURCES OF SUPPORT. SCC expects its support of clinical trials through the SIP RDA mechanism to supplement support from other sources (pharmaceutical companies, WUSTL departments/divisions, etc). Describe all additional funding/support the clinical trial (and correlative study, if applicable) is receiving outside of the SIP RDA funds requested. Support from the department and/or division must be detailed in a letter of support. If you have received no other funding/support for this clinical trial and/or correlative study, please respond “None.”