**Pathways to Healing – Budget Template**

Complete the relevant portions of this template, please modify the format as needed. Optional to provide a short narrative on planned budget to support clarity in the review process. Our expense eligibility is similar to OHMES (link below) please refer to these guidelines and contact us if you have further questions.

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| **BUDGET SUMMARY** |
| **1. Other Funding Source(s)** |
| *Source* | *Type* | *Amount* | *Status* |
|   |   |   |   |
|   |   |   |   |
| **2. Project Budget**  |
| Below are examples, you are not limited to these, please include ALL research related services/procedures |
| **A. Partnership & Relationship** *(Honoraria for Elders/Knowledge Keepers, community partners, others)* | **Description** | **Total Cost** |
|  |  |  |
|  |  |  |
|  |  |  |
| **Sub-Total** | $ |
| **B. Research Procedure Costs** *(service/procedures, data collection/analysis, transcription, equipment/consumables, other)* | **Description** | **Total Cost** |
|  |  |  |
|  |   |   |
|  |   |   |
|  |  |  |
|  |   |   |
| **Sub-Total** | $ |
| **C. Personnel Costs** *(UCalgary Benefit Cost Calculator available at* [*https://www.ucalgary.ca/finance/finance-forms*](https://www.ucalgary.ca/finance/finance-forms)*) (Research Associate/Assistant salary, interviewer, consultation, other)* | **Level of Expertise Required**  | **Hourly Rate** (incl benefits) | **# of Hours** | **Total Cost** |
|  |   |   |   |   |
|  |   |   |   |   |
|  |  |  |  |  |
|  |   |   |   |   |
| **Sub-Total** | $ |
| **D. Other Costs/Service/Hospitality** *(Participant gift cards / reimbursement,* *publication / presentation expenses, other)* | **Projected # of Participants** | **# of Items** | **Item Cost** | **Total Cost** |
|  |   |   |   |   |
|  |   |   |   |   |
|  |  |  |  |  |
| **Sub-Total** | $ |
| **Total Study Cost**  | $ |

**Narrative on Proposed Budget (Optional):**

**Examples of Eligible Costs**

Salary for Research Personnel or student stipends
Investigator Travel to Research Sites
Research Supplies/Devices
Project Administration Costs (materials/supplies)
Computer Software
Data Collection, Analysis and Database Development
Transcription

Office or Computer Equipment

Consultant Costs

Secretarial Costs

**Pathways to Healing – Timeline Template**

Complete relevant portions of a timeline template, please modify the sample format as needed or use preferred design.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Activity | Month 1 | Month 2 | Month 3 | Month 4 | Month 5 | Month 6 | Month 7 | Month 8 | Month 9 | Month 10 | Month 11 | Month 12 |
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| --- | --- | --- | --- | --- | --- | --- |
| Activity | Month 13 | Month 14 | Month 15  | Month 16  | Month 17 | Month 18 |
|  |  |  |  |  |  |  |
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