**NESTLÉ HEALTH SCIENCE**

**HEOR GRANT BUDGET FORM**

**Project Title:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Principal Investigator:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Institution:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Proposed Start Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **End Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Funding Requested:** CHF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(maximum CHF30,000)*

**BUDGET SUMMARY**

| **Category** | **Amount (CHF)** | **% of Total** |
| --- | --- | --- |
| Personnel |  |  |
| Equipment |  |  |
| Supplies & Materials |  |  |
| Patient/Participant Costs |  |  |
| Laboratory Services |  |  |
| Travel |  |  |
| Publication Costs |  |  |
| Other Direct Costs |  |  |
| **TOTAL** |  | 100% |

**DETAILED BUDGET BREAKDOWN**

**1. PERSONNEL COSTS**

| **Name/Position** | **Role in Project** | **% Effort** | **Hourly/Monthly Rate** | **Duration** | **Amount (CHF)** |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| **SUBTOTAL - PERSONNEL** |  |  |  |  |  |

*Note: Please provide brief justification for each personnel role listed above*

**2. EQUIPMENT**

*Equipment purchases over CHF5,000 are not eligible*

| **Item** | **Purpose/Justification** | **Unit Cost** | **Quantity** | **Amount (CHF)** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **SUBTOTAL - EQUIPMENT** |  |  |  |  |

**3. SUPPLIES & MATERIALS**

| **Item** | **Purpose/Justification** | **Unit Cost** | **Quantity** | **Amount (CHF)** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **SUBTOTAL - SUPPLIES & MATERIALS** |  |  |  |  |

**4. PATIENT/PARTICIPANT COSTS**

| **Item** | **Purpose/Justification** | **Unit Cost** | **Number of Participants** | **Amount (CHF)** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **SUBTOTAL - PATIENT/PARTICIPANT COSTS** |  |  |  |  |

**5. LABORATORY SERVICES**

| **Service** | **Purpose/Justification** | **Unit Cost** | **Quantity** | **Amount (CHF)** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **SUBTOTAL - LABORATORY SERVICES** |  |  |  |  |

**6. TRAVEL**

*Only project-related travel for data collection is eligible*

| **Purpose** | **Destination** | **Number of Trips** | **Cost per Trip** | **Amount (CHF)** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **SUBTOTAL - TRAVEL** |  |  |  |  |

**7. PUBLICATION COSTS**

| **Item** | **Description** | **Cost** | **Amount (CHF)** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |
| **SUBTOTAL - PUBLICATION COSTS** |  |  |  |

**8. OTHER DIRECT COSTS**

| **Item** | **Purpose/Justification** | **Unit Cost** | **Quantity** | **Amount (CHF)** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
| **SUBTOTAL - OTHER DIRECT COSTS** |  |  |  |  |

**BUDGET JUSTIFICATION**

*Provide detailed justification for each budget category. Explain why each cost is necessary for the successful completion of the project.*

**OTHER FUNDING SOURCES**

*List any other funding sources or in-kind contributions for this project*

| **Funding Source** | **Amount (CHF)** | **Status (Pending/Secured)** | **Overlapping Items** |
| --- | --- | --- | --- |
|  |  |  |  |
|  |  |  |  |

**DECLARATION**

I confirm that:

* All costs included are essential for the execution of the proposed research
* No institutional overhead exceeding 10% of direct costs is included
* No equipment purchases over CHF5,000 are included
* No conference travel costs are included
* Standard care costs are not included
* Infrastructure costs are not included

**Principal Investigator Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_

**Financial Officer Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_

*For Nestlé Health Science use only:*

**Approved Budget:** CHF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Advocacy Grant Review Committee (AGRC) Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signatures:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_