

Research Budget Guide^(v12)

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 [research budget template](#) provided.

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

Gold Coast Health - Research Budget					v12.0		Assumptions:	
Project Name:		Example					Number of years: 1	
Principal Investigator/s:		ORGD					Number of patients: 150	
							Other: n/a	
NOTE: 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				Total Revenue
Revenue		PPTF	\$132,659.00	1				\$132,659.00
		GCHHS	\$122,928.00	1				\$122,928.00
		EMF	\$232,937.90	1				\$232,937.90
REVENUE Total								\$ 548,524.90
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 Rem Cost	
1) Infrastructure and Equipment								
	N	ROTEM Sigma machine x 2	\$25,000.00	2	\$0.00	\$50,000.00	\$50,000.00	
	N	Multiplate Reagents	\$9,695.00	1	\$0.00	\$9,695.00	\$9,695.00	
	N	-80 degree Freezer	\$13,990.00	1	\$0.00	\$13,990.00	\$13,990.00	
Subtotal					\$ -	\$ 73,685.00	\$ 73,685.00	
2) Human Resources Costs								
	N	0.3 FTE from GCHHS for 3 years	\$122,928.00	1	\$0.00	\$122,928.00	\$122,928.00	
	N	0.7 FTE from EMF for 3 years	\$233,937.90	1	\$0.00	\$233,937.90	\$233,937.90	
	N	Grade TRA	\$58,974.00	1	\$0.00	\$58,974.00	\$58,974.00	
Subtotal					\$ -	\$ 415,839.90	\$ 415,839.90	
3) Services								
	N	Statistical support	\$125.00	40	\$0.00	\$5,000.00	\$5,000.00	
					\$0.00	\$0.00	\$0.00	
					\$0.00	\$0.00	\$0.00	
Subtotal					\$ -	\$ 5,000.00	\$ 5,000.00	
4) Consumables and Running								
	Y	ROTEM Cartridges	\$1,000.00	5	\$5,000.00	\$0.00	\$5,000.00	
	Y	Other Maintenance/Insurance	\$2,350.00	1	\$2,350.00	\$0.00	\$2,350.00	
					\$0.00	\$0.00	\$0.00	
Subtotal					\$ 7,350.00	\$ -	\$ 7,350.00	
5) Dissemination Costs								
					\$0.00	\$0.00	\$0.00	
					\$0.00	\$0.00	\$0.00	
					\$0.00	\$0.00	\$0.00	
Subtotal					\$ -	\$ -	\$ -	
6) Other Costs								
	N	Per patient payment	\$ 400.00	105	\$0.00	\$42,000.00	\$42,000.00	
	N	Project Coordinator Site Visit Costs	\$ 12,000.00	1	\$0.00	\$12,000.00	\$12,000.00	
					\$0.00	\$0.00	\$0.00	
Subtotal					\$ -	\$ 54,000.00	\$ 54,000.00	
EXPENSE Totals					\$ 7,350.00	\$ 548,524.90	\$ 555,874.90	
SURPLUS / DEFICIT	equals TOTAL Revenue less Total Cash Cost (In-kind cost not included)							\$0
IN KIND COST								\$ 7,350.00
NO COST (Part of dedicated research time or volunteered outside of work hours)								\$ 6,513.00
								\$ 3,089.50
FOR OFFICE OF RESEARCH GOVERNANCE & DEVELOPMENT USE ONLY: PRE-SSA / SSA					Budget reviewed and approved:		Date:	



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 contribution](#)

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.

Gold Coast Health - Research Budget		v12.0		Assumptions:	
Project Name:	Example	Number of years -	1	Number of patients -	150
Principal Investigator/s:	CRGD	Other -	n/a		

Budget Category	Budget Item / Description	Per Item Unit or Per Hour	Units or Hours Required	Total Revenue
Revenue	PPTF	\$132,659.00	1	\$132,659.00
	GCHHS	\$122,928.00	1	\$122,928.00
	EMF	\$232,937.90	1	\$232,937.90

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 Item Cost
1) Infrastructure and Equipment	N	ROTEM Sigma machine x2	\$25,000.00	2	\$0.00	\$50,000.00	\$50,000.00
	N	Multiplate Reagents	\$9,695.00	1	\$0.00	\$9,695.00	\$9,695.00
	N	-80 degree Freezer	\$13,990.00	1	\$0.00	\$13,990.00	\$13,990.00
Subtotal					\$ -	\$ 73,685.00	\$ 73,685.00
2) Human Resources Costs	N	0.3 FTE from GCHHS for 3 years	\$122,928.00	1	\$0.00	\$122,928.00	\$122,928.00
	N	0.7 FTE from EMF for 3 years	\$233,937.90	1	\$0.00	\$233,937.90	\$233,937.90
	N	Grade 1RA	\$58,974.00	1	\$0.00	\$58,974.00	\$58,974.00
Subtotal					\$ -	\$ 415,839.90	\$ 415,839.90
3) Services	N	Statistical support	\$125.00	40	\$0.00	\$5,000.00	\$5,000.00
					\$0.00	\$0.00	\$0.00
Subtotal					\$ -	\$ 5,000.00	\$ 5,000.00
4) Consumables and Running	Y	ROTEM Cartridges	\$1,000.00	5	\$5,000.00	\$0.00	\$5,000.00
	Y	Other Maintenance/Insurance	\$2,350.00	1	\$2,350.00	\$0.00	\$2,350.00
					\$0.00	\$0.00	\$0.00
Subtotal					\$ 7,350.00	\$ -	\$ 7,350.00
5) Dissemination Costs					\$0.00	\$0.00	\$0.00
					\$0.00	\$0.00	\$0.00
Subtotal					\$ -	\$ -	\$ -
6) Other Costs	N	Per patient payment	\$ 400.00	105	\$0.00	\$42,000.00	\$42,000.00
	N	Project Coordinator Site Visit Costs	\$ 12,000.00	1	\$0.00	\$12,000.00	\$12,000.00
					\$0.00	\$0.00	\$0.00
Subtotal					\$ -	\$ 54,000.00	\$ 54,000.00
EXPENSE Totals					\$ 7,350.00	\$ 548,524.90	\$ 555,874.90
SURPLUS / DEFICIT	equals TOTAL Revenue less Total Cash Cost (In-kind cost not included)						\$0
IN KIND COST							\$ 7,350.00
NO COST (Part of dedicated research time or volunteered outside of work hours)	PI: 50 hours Medical Officer Level 24 total @ 130.26 per hour RA: 50 hours Nursing Stream Level 5.7 @ \$61.79 per hour						\$ 6,513.00
							\$ 3,089.50

FOR OFFICE OF RESEARCH GOVERNANCE & DEVELOPMENT USE ONLY: PRE-SSA / SSA	Budget reviewed and approved:	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. **Y = In-kind cost / N = Actual cost**. Only insert Y or N in this column.

Gold Coast Health - Research Budget		v12.0		Assumptions:			
Project Name: Example				Number of years - 1			
Principal Investigator/s: ORGD				Number of patients - 150			
				Other - n/a			
NOTE: 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		Total Revenue	
Revenue		PPTF	\$132,653.00	1		\$132,653.00	
		GCHHS	\$122,928.00	1		\$122,928.00	
		EMF	\$233,937.90	1		\$233,937.90	
REVENUE Total						\$ 548,524.90	
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 Item Cost
1) Infrastructure and Equipment							
	N	F TEM Sigma machine x 2	\$25,000.00	2	\$0.00	\$50,000.00	\$50,000.00
	N	N iplate Reagents	\$3,635.00	1	\$0.00	\$3,635.00	\$3,635.00
	N	D epress Freezer	\$13,990.00	1	\$0.00	\$13,990.00	\$13,990.00
Subtotal					\$ -	\$ 73,685.00	\$ 73,685.00
2) Human Resources Costs							
	N	C FTE from GCHHS for 3 years	\$122,928.00	1	\$0.00	\$122,928.00	\$122,928.00
	N	C FTE from EMF for 3 years	\$233,937.90	1	\$0.00	\$233,937.90	\$233,937.90
	N	C ode 1RA	\$58,974.00	1	\$0.00	\$58,974.00	\$58,974.00
Subtotal					\$ -	\$ 415,839.90	\$ 415,839.90
3) Services							
	N	S tistical support	\$125.00	0	\$0.00	\$5,000.00	\$5,000.00
					\$0.00	\$0.00	\$0.00
					\$0.00	\$0.00	\$0.00
Subtotal					\$ -	\$ 5,000.00	\$ 5,000.00
4) Consumables and Running							
	Y	F TEM Cartridges	\$1,000.00	3	\$5,000.00	\$0.00	\$5,000.00
	Y	C over Maintenance/Insurance	\$2,350.00	1	\$2,350.00	\$0.00	\$2,350.00
					\$0.00	\$0.00	\$0.00
Subtotal					\$ 7,350.00	\$ -	\$ 7,350.00
5) Dissemination Costs							
					\$0.00	\$0.00	\$0.00
					\$0.00	\$0.00	\$0.00
Subtotal					\$ -	\$ -	\$ -
6) Other Costs							
	N	F atient payment	\$ 400.00	5	\$0.00	\$42,000.00	\$42,000.00
	N	F irect Coordinator Site Visit Costs	\$ 12,000.00	1	\$0.00	\$12,000.00	\$12,000.00
					\$0.00	\$0.00	\$0.00
Subtotal					\$ -	\$ 54,000.00	\$ 54,000.00
EXPENSE Totals					\$ 7,350.00	\$ 548,524.90	\$ 555,874.90
SURPLUS / DEFICIT	equals TOTAL Revenue less TOTAL Expenses (In-kind cost not included)						\$0
IN KIND COST							\$ 7,350.00
NO COST (Part of dedicated research time or volunteered outside of work hours)		PI: 50 hours Medical Officer Level 24 total @ \$30.26 per hour					
		RA: 50 hours Nursing Stream Level 5.7 @ \$61.79 per hour					\$ 3,089.50
FOR OFFICE OF RESEARCH GOVERNANCE & DEVELOPMENT USE ONLY: PRE-SSA / SSA				Budget reviewed and approved:		Date:	

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 components in the enclosed section below on the bottom. This includes the hours and pay levels for each GCHHS team member. Non GCHHS members are not to be included.

Gold Coast Health - Research Budget				v12.0		Assumptions:	
Project Name:		Example				Number of years - 1	
Principal Investigator/s:		CRGD				Number of patients - 150	
						Other - n/a	
NOTE: 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			Total Revenue
Revenue		PPTF	\$132,653.00	1			\$132,653.00
		GCHHS	\$122,928.00	1			\$122,928.00
		EMF	\$232,337.90	1			\$232,337.90
REVENUE Total							\$ 548,524.90
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 Item Cost
1) Infrastructure and Equipment							
	N	ROTEM Sigma machine x2	\$25,000.00	2	\$0.00	\$50,000.00	\$50,000.00
	N	Multiplate Reagents	\$9,695.00	1	\$0.00	\$9,695.00	\$9,695.00
	N	-80 degree Freezer	\$13,990.00	1	\$0.00	\$13,990.00	\$13,990.00
Subtotal					\$ -	\$ 73,685.00	\$ 73,685.00
2) Human Resources Costs							
	N	0.3 FTE from GCHHS for 3 years	\$122,928.00	1	\$0.00	\$122,928.00	\$122,928.00
	N	0.7 FTE from EMF for 3 years	\$233,937.90	1	\$0.00	\$233,937.90	\$233,937.90
	N	Grade 1RA	\$58,974.00	1	\$0.00	\$58,974.00	\$58,974.00
Subtotal					\$ -	\$ 415,839.90	\$ 415,839.90
3) Services							
	N	Statistical support	\$125.00	40	\$0.00	\$5,000.00	\$5,000.00
					\$0.00	\$0.00	\$0.00
Subtotal					\$ -	\$ 5,000.00	\$ 5,000.00
4) Consumables and Running							
	Y	ROTEM Cartridges	\$1,000.00	5	\$5,000.00	\$0.00	\$5,000.00
	Y	Other Maintenance/Insurance	\$2,350.00	1	\$2,350.00	\$0.00	\$2,350.00
					\$0.00	\$0.00	\$0.00
Subtotal					\$ 7,350.00	\$ -	\$ 7,350.00
5) Dissemination Costs							
					\$0.00	\$0.00	\$0.00
					\$0.00	\$0.00	\$0.00
Subtotal					\$ -	\$ -	\$ -
6) Other Costs							
	N	Per patient payment	\$ 400.00	105	\$0.00	\$42,000.00	\$42,000.00
	N	Project Coordinator Site Visit Costs	\$ 12,000.00	1	\$0.00	\$12,000.00	\$12,000.00
					\$0.00	\$0.00	\$0.00
Subtotal					\$ -	\$ 54,000.00	\$ 54,000.00
EXPENSE Totals					\$ 7,350.00	\$ 548,524.90	\$ 555,874.90
SURPLUS / DEFICIT	equals TOTAL Revenue less Total Cash Cost (In-kind cost not included)						\$0
NO COST (Part of dedicated research time or volunteered outside of work hours)			PL 50 hours Medical Officer Level 24 total @ 130.26 per hour				\$ 6,513.00
			PB 60 hours Allocation Stream 1 total @ 77 @ 451.79 per hour				\$ 2,710.74
FOR OFFICE OF RESEARCH GOVERNANCE & DEVELOPMENT USE ONLY: PRE-SSA / SSA			Budget reviewed and approved:			Date:	