**Text

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**TEMPLATES**

***Collaborative Pilot Projects to Increase Access to Care and Services***

***among Veterans with a Hematologic Malignancy***

**2023**

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| **SUMMARY BUDGET FOR ENTIRE PROJECT** | | | |
|  | **Year 1** | **Year 2** | **TOTAL** |
| **Personnel** |  |  |  |
| **Consultant Costs** |  |  |  |
| **Supplies and Resources** |  |  |  |
| **Equipment** |  |  |  |
| **Travel** |  |  |  |
| **Participation Costs** |  |  |  |
| **Open Access Journal Costs** |  |  |  |
| **Other Expenses** |  |  |  |
| **Subcontract Costs** |  |  |  |
| **Total Direct Costs** |  |  |  |
| **Total Indirect Costs** |  |  |  |
| **TOTAL BUDGET** |  |  |  |

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| **DETAILED BUDGET FOR YEAR 1 OF THE AWARD** | | | | | | | | |
| **Personnel** | |  | **Dollar Amount Requested** | | | | | |
| **Name** | **Role on**  **Project** | **% Effort On Project** | **Salary Requested** | | | **Fringe Benefits** | **Total** | |
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|  | | | | | | Total |  | |
| **Consultant Costs** | | | | | | | | |
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|  | | | | Total | | |  | |
| **Supplies and Resources** | | | | | | | | |
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|  | | | | Total | | |  | |
| **Equipment** | | | | | | | | |
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|  | | | | Total | | |  | |
| **Travel** | | | | | | | | |
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|  | | | | Total | | |  | |
| **Participant Costs** | | | | | | | | |
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|  | | | | Total | | |  | |
| **Open Access Journal Costs** | | | | | | | | |
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|  | | | | | Total | | |  |
| **Other Expenses** | | | | | | | | |
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|  | | | | Total | | |  | |
| **Subcontract Costs** | | | |  | | |  | |
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|  | | | | Total | | |  | |
| **DIRECT COSTS FOR YEAR 1 BUDGET PERIOD** | | | | | | |  | |
| **Indirect Costs for Year 1 budget period (capped at 11.1% of requested direct costs)** | | | | | | |  | |
| **TOTAL BUDGET YEAR 1** | | | | | | |  | |

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| **DETAILED BUDGET FOR YEAR 2 OF THE AWARD (6-month period)** | | | | | | | | |
| **Personnel** | |  | **Dollar Amount Requested** | | | | | |
| **Name** | **Role on**  **Project** | **% Effort On Project** | **Salary Requested** | | | **Fringe Benefits** | **Total** | |
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| **Consultant Costs** | | | | | | | | |
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|  | | | | Total | | |  | |
| **Supplies and Resources** | | | | | | | | |
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|  | | | | Total | | |  | |
| **Equipment** | | | | | | | | |
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|  | | | | Total | | |  | |
| **Travel** | | | | | | | | |
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|  | | | | Total | | |  | |
| **Participation Costs** | | | | | | | | |
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|  | | | | Total | | |  | |
| **Open Access Journal Costs** | | | | | | | | |
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|  | | | | | Total | | |  |
| **Other Expenses** | | | | | | | | |
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|  | | | | | | |  | |
|  | | | | Total | | |  | |
| **Subcontract Costs** | | | |  | | |  | |
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|  | | | | Total | | |  | |
| **DIRECT COSTS FOR YEAR 2 BUDGET PERIOD** | | | | | | |  | |
| **Indirect Costs for Year 2 budget period (capped at 11.1% of requested direct costs)** | | | | | | |  | |
| **TOTAL BUDGET YEAR 2** | | | | | | |  | |

**SIGNATURE PAGE**

*Signatures are required.*

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| **Role:** | |  | **Role:** | |
| Name |  |  | Name |  |
| Institution |  |  | Institution |  |
| Title |  |  | Title |  |
| Division |  |  | Division |  |
| Department |  |  | Department |  |
| Telephone |  |  | Telephone |  |
| Email |  |  | Email |  |
| Signature |  |  | Signature |  |
|  | | | | |
| **Role:  Institutional Signing Official** | |  | **Role:** | |
| Name |  |  | Name |  |
| Institution |  |  | Institution |  |
| Title |  |  | Title |  |
| Division |  |  | Division |  |
| Department |  |  | Department |  |
| Telephone |  |  | Telephone |  |
| Email |  |  | Email |  |
| Signature |  |  | Signature |  |
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