

Sample Budget and Budget Justification

SUMMARY

ACME RESEARCH FOUNDATION

01/01/08 - 12/31/10

	PERIOD 1 01/01/08 - 06/30/08	PERIOD 2 07/01/08 - 12/31/08	PERIOD 3 01/01/09 - 06/30/09	PERIOD 4 07/01/09 - 12/31/09	PERIOD 5 01/01/10 - 06/30/10	PERIOD 6 07/01/10 - 12/31/10	TOTAL
ACME RESEARCH FOUNDATION							
Personnel							
Researcher A - salary (9.5%)	8,728	8,902	8,990	9,170	9,260	9,445	54,495
Researcher A - fringe	2,335	2,404	2,427	2,499	2,523	2,574	14,762
Researcher B - salary (2.5%)	1,169	1,193	1,205	1,229	1,241	1,266	7,303
Researcher B - fringe	313	322	325	335	338	345	1,978
Researcher C - salary (19%)	3,714	3,788	3,826	3,902	3,940	4,019	23,189
Researcher C - fringe	993	1,023	1,033	1,063	1,074	1,095	6,281
Total Personnel	17,252	17,632	17,806	18,198	18,376	18,744	108,008
Consultants							
Other ARF faculty	1,350	1,350	1,350	1,350	1,350	1,350	8,100
Total Consultants	1,350	1,350	1,350	1,350	1,350	1,350	8,100
Travel							
Subsidies for travel to India	2,550	0	2,550	0	2,550	0	7,650
Total Travel	2,550	0	2,550	0	2,550	0	7,650
TOTAL ARF DIRECT COSTS	21,152	18,982	21,706	19,548	22,276	20,094	123,758
SUBCONTRACT - FIELD SITE PARTNER							
Personnel							
Project coordinator	2,250	2,250	2,550	2,550	2,850	2,850	15,300
Interventionists (2)	1,125	1,125	1,620	1,620	1,740	1,740	8,970
Field workers (4)	2,250	2,250	3,240	3,240	3,480	3,480	17,940
Phlebotomists (4)	2,250	2,250	3,240	3,240	3,480	3,480	17,940
ECG technician	563	562	810	810	870	870	4,485
Data entry operator	675	675	990	990	1,080	1,080	5,490
Van driver	563	562	810	810	870	870	4,485
Total Personnel	9,676	9,674	13,260	13,260	14,370	14,370	74,610
Equipment							
Van	22,690	--	--	--	--	--	
LCD projector w/in-built computer	3,500	--	--	--	--	--	3,500.00
Blood pressure apparatus (electronic) (6)	900	--	--	--	--	--	900.00
Bioimpedance analyzers (2)	500	--	--	--	--	--	500.00
Weighing scales (4)	240	--	--	--	--	--	240.00
ECG machines (2)	750	--	--	--	--	--	750.00
Total Equipment	28,580	0	0	0	0	0	28,580
Supplies							
Low-cost educational materials	2,500	2,500	--	--	--	--	5,000.00
IGT screening kits	4,500	4,500	3,000	3,000	--	--	15,000.00
Biochemical assays (baseline)	7,350	7,350	4,900	4,900	--	--	24,500.00
Biochemical assays (3 months)	5,600	5,600	8,400	8,400	--	--	28,000.00
Biochemical assays (6 months)	350	350	1,225	1,225	350	--	3,500.00
Biochemical assays (12 months)	--	--	8,400	8,400	5,600	5,600	28,000.00
Miscellaneous supplies	750	750	1,000	1,000	750	750	5,000.00
Total Supplies	21,050	21,050	26,925	26,925	6,700	6,350	109,000.00
Travel							
Maintenance and fuel for van	1,500.00	1,500.00	2,250.00	2,250.00	1,250.00	1,250.00	10,000.00
Total Travel	1,500.00	1,500.00	2,250.00	2,250.00	1,250.00	1,250.00	10,000.00
Other							
Dissimination of findings	500	500	1,000	1,000	750	750	4,500.00
Incentives for participants	16,675	16,675	--	--	--	--	33,350.00
Total Other	17,175	17,175	1,000	1,000	750	750	37,850
TOTAL FSP DIRECT COSTS	77,981	49,399	43,435	43,435	23,070	22,720	260,040
TOTAL DIRECT COSTS	99,133	68,381	65,141	62,983	45,346	42,814	383,798

Budget Justification

ACME RESEARCH FOUNDATION EXPENDITURES

Personnel:

Dr. Researcher A, MD, MSc, MBA (9.5% effort / 1.14 person months in all years), **Co-Principal Investigator**, is an international leader in diabetes/CVD epidemiology, translation research, and economic analysis, with experience in designing and implementing epidemiological and intervention studies, including several multi-center national studies. He will design and lead the study, and provide diabetes and epidemiological expertise.

Dr. Researcher B, PhD (2.5% effort / .3 person months in all years), **Co-Investigator** is a recognized authority in qualitative research techniques, with methodological expertise in qualitative research design, conduct, and textual data analysis. She will oversee the qualitative research component.

Dr. Researcher C, MPH (19.0% effort / 2.28% effort in all years), **Research Assistant**, has experience in study design, collecting and analyzing quantitative data, health promotion, and health policy. She will be in charge of protocol development, training, and data analysis. Additional effort (up to 50% effort, total) will be covered through in-kind contributions.

Consultants:

Consultant A (\$45/hr x 4 hrs/wk x 26 wks/period each year), **Consultant**, is certified by the American Council on Exercise (ACE) as a Personal Trainer, a Group Fitness Instructor, and a Lifestyle and Weight Management Consultant. She is the owner of Acme Fitness. She is the lead instructor for a diabetes prevention project among South Asians in the US. She will help design the exercise portion of the intervention.

Travel:

An ARF Investigator will travel one time each year to Hyderabad to train staff and assess progress of project (3 one-week trips @ \$2,550 each; includes airfare, hotel, and per diem of \$50/day).

FIELD SITE PARTNER EXPENDITURES

Personnel:

Project Coordinator, (50% effort, \$2,250 in first year, \$15,300 total), has extensive research experience in conducting community-based studies. He will provide overall coordination of study activities at FSP.

Interventionists (2@20% each) (\$2,250 first year, \$8,970 total) will be the primary educators in the lifestyle intervention and will train and supervise lay interventionists.

Field workers (4@10% each) (\$4,500 first year, \$17,940 total) will recruit and screen study participants at community events and will provide community outreach, including home interviews. Field workers will administer all survey instruments.

Phlebotomists (4@10% each) (\$4,500 in first year, \$17,940 total) will draw blood for

study-related biomedical testing both in the field and at FSP.

ECG technician (1@10%) (\$1,125 in first year, \$4,485 total) will run the ECG machine for study-related testing and read the results.

Data entry operator (1@15%) (\$1,350 in first year, \$5,490 total) will enter data from study forms into a secure database. The data entry operator will audit data to ensure data quality.

Van driver (1@10%) (\$1,125 in first year, \$4,485 total) will operate the transportation van.

Equipment:

Transportation van (\$22,690 in first year, \$22,690 total) will be used to transport: participants to and from study classes; staff to recruitment and screening events; staff to home interviews when needed; and team members to meetings with community members and health policy makers to promote the program. Many people in the study area do not have access to personal transportation and this may be their largest barrier to participation in the program. Additionally, the van is required to transport study equipment (blood pressure machines, ECG machines, etc.) to screening events and study classes; it would be impossible to transport this equipment using personal cars or public transportation. The van will be used only for this project; therefore lack of transportation will never be a hindrance to the project.

LCD projector with in-built computer (\$3,500 in the first year, \$3,500 total) will be used for educational purposes such as teaching lifestyle classes and giving lectures and presentations to the community, other researchers, study team members, and policy makers.

Electronic blood pressure apparatuses (6 @ \$150 each, \$900 in the first year, \$900 total) will be used to measure blood pressure and pulse rate, secondary study outcomes, and measures of exercise compliance. The World Health Organization recommends electronic blood pressure machines (instead of manual blood pressure cuffs) because of the absence of mercury and increased precision. Additionally, field workers and interventionists, who often have no medical training, can use the blood pressure machines easily and effectively.

Bioimpedance analyzers (2 @ \$250 each, \$500 in the first year, \$500 total) will be used to measure percent body fat, a secondary study outcome.

Weighing scales (4 @ \$60 each, \$240 in the first year, \$240 total) will be used to measure body weight, a secondary study outcome.

Portable electrocardiogram (ECG) machines (2 @ \$375, \$750 in the first year, \$750 total) will be used to obtain resting 12-lead ECG's on study participants. These ECG's will be used to screen for pre-existing cardiac conditions such as prior myocardial infarction and chronic atrial fibrillation that might limit participants' exercise tolerance. Patients with these conditions will be excluded from the study.

Supplies:

Educational materials (\$5,000 in first year, \$5,000 total): Development and printing of low-cost, culturally appropriate prevention program materials (e.g., booklets, pamphlets, CDs) to be used for recruitment and patient and community education.

Oral glucose tolerance tests (impaired glucose tolerance screening kits) (\$9,000 in the first year, \$15,000 total) measure glucose tolerance and diabetes incidence, the primary study outcome.

Biomedical assays at baseline, post-intervention, post-maintenance, and at the end of the follow-up period (\$24,500 in first year, \$84,000 total): Covers supplies and kits for biomedical testing of secondary study outcomes (e.g., measurement of plasma lipids, hemoglobin A1C, and fasting glucose).

Miscellaneous supplies (\$1,500 in first year, \$5,000 total) include the cost of purchasing stationary and other office supplies, copying, and postage for study materials (study questionnaires, participant study booklets, study protocols, etc.).

Travel:

Van maintenance and fuel (\$3,000 in first year; \$10,000 total) for the study van and staff and participant transport. See “Equipment: Transportation Van” for more information.

Other:

Dissemination of findings (\$1,000 in first year, \$4,500 total): Mass education lectures to disseminate information on diabetes/obesity prevention and the findings of the intervention to the community and policy makers.

Participant incentives (\$33,350 in first year, \$33,500 total) will be used to promote the program before inception and during dissemination, reward volunteer lay interventionists, improve participant adherence, and reward participant successes. Study participants will be provided with walking shoes (350@ \$40, \$14,000 in the first year, \$14,000 total). Exercise is not a cultural norm in India; therefore, many participants would not have proper exercise equipment such as walking shoes, and this could be a barrier to participation. Also, proper equipment minimizes injury to the participant. Other incentives might include one-year gym memberships, exercise DVD's, water bottles, “gym” bags, or other give-aways to encourage diet and exercise changes. Smaller, inexpensive items such as water bottles or writing pens used for both incentive and promotional purposes will have the study logo predominantly displayed.