

**All costs should be reasonable and fully justified, as accurate as possible and linked to the activities described in the Project.
The reviewers assess the estimated costs carefully.**

GENERAL INFORMATION	
Personnel costs (A)	<p>This item should refer to the cost of the expected personnel that will work on the Project. This should clearly include the PI first, followed by the Co-PI, and the collaborators, as needed. The team can consist of existing members, as well as future potential recruits. It is expected that the justification text will provide:</p> <ul style="list-style-type: none"> - name and surname, if available; - a cost breakdown which includes the category and number of respective team members that will be employed; - the expected duration of their employment; - the person months; - the main tasks they will be assigned to; - the cost of employment of the detailed personnel and the type of contract envisaged, according to the Call and the Financial Reporting Guidelines. Cost of employment should refer to the salary on an annual basis. <p>Please also note that:</p> <ul style="list-style-type: none"> - if salary is not requested, this should be clearly indicated; - this item shall not exceed 40% of the total grant requested by each grantee; - for the sole purpose of assessing the feasibility of the Project, the hours of work dedicated to the Project by personnel hired on a permanent basis should be provided.
Travel costs (B)	<p>Travel is an integral component of any research Project. The budget for travel should provide an estimation of the expected travel costs, based on the number of trips and their nature (duration, distance, etc.). Clearly, trips to conferences, as well as any other relevant scientific meetings, should be part of this cost item. This can cover trips made by the PI and the research team members. Please note that conference fees are not eligible under this category.</p> <p>Note also that the travel budget should include airfare, accommodation, local transportation, subsistence costs, etc. All of these need to be in line with the Host Institution regulations and policies, the Call and the Financial Reporting Guidelines. Describe and explain the purpose and location of the travels that personnel will undertake.</p> <p>Please also note that:</p> <ul style="list-style-type: none"> - participation in training courses involving travel is eligible if considered relevant (subject to prior authorisation by FRB); - this cost item shall not exceed 5% of the total grant requested by each grantee.
Materials and supplies (C)	<p>This cost item includes the purchase of consumables used for project activities (e.g. reagents, arrays). To the extent possible, detail the type of consumables budgeted and link them to the relevant methods and experiments planned.</p> <p>Please also note that:</p> <ul style="list-style-type: none"> - 80% of the allocated budget on this item must be spent within 24 months from the start of the Project by each grantee; - do not include office stationery and photocopies.
Equipment costs (D)	<p>This cost item refers to purchasing (or leasing) equipment needed for the Project. The cost of purchasing equipment has to be the "depreciation value" calculated for the actual time in which the equipment will be used during the Project. Moreover, the depreciation plan will be requested as an attachment to the financial reports due at the end of each reporting period.</p> <p>Please also note that:</p> <ul style="list-style-type: none"> - this cost item shall not exceed 20% of the total grant requested by each grantee; - personal computers, printers and other office equipment, as well as equipment of common nature (e.g. incubators, freezers, etc.) are not eligible.
Subcontracting (E)	<p>Costs relating to contracts for purchasing goods and/or services from suppliers, including companies, fall under this cost item. The claimed costs must refer to research activities carried out within the Project and for which the grantee does not have adequate in-house expertise or resources. Core research tasks and administrative management tasks can't be subcontracted, and no indirect costs can be charged as subcontracting.</p> <p>If subcontractors are needed for the Project, please describe the work they will carry out.</p> <p>Please also note that:</p> <ul style="list-style-type: none"> - this cost item shall not exceed 10% of the total grant requested by each grantee; - this cost item must also include the cost of certification by an external auditor per each grantee (up to a maximum amount of € 8,000.00);
Other direct costs (F)	<p>Under this category are eligible:</p> <ul style="list-style-type: none"> - costs associated with publications. Grantees are required to ensure open access to all peer-reviewed scientific publications relating to the Project; - costs for shipment; - conference fees; - softwares, only under approval of FRB; - purchase, maintenance and care of laboratory animals; - costs for organising events pertaining to the Project and to disseminating its results. <p>In case of doubts about the eligibility of an item under this cost category, please contact FRB.</p>
Overheads (G)	<p>Overheads are funded at a flat rate of 20% of the eligible direct costs (with the exception of subcontracting costs).</p>

CONSORTIUM BUDGET JUSTIFICATION

	DESCRIPTION
Personnel costs (A)	
Travel costs (B)	
Materials and supplies (C)	
Equipment costs (D)	
Subcontracting (E)	
Other direct costs (F)	

CONSORTIUM BUDGET TABLE

	Personnel costs (A)	Travel costs (B)	Materials and supplies (C)	Equipment costs (D)	Subcontracting (E)	Other direct costs (F)	Overheads (G)	Total (A+ B+C+D+E+F+G)
Coordinator (Insert Host Institution Name)							- €	- €
Partner 1 (Insert Host Institution Name)							- €	- €
Partner 2 (Insert Host Institution Name)							- €	- €
Partner 3 (Insert Host Institution Name)							- €	- €
TOTAL	- €	- €	- €	- €	- €	- €	- €	- €

Please note that each Beneficiary must bear at least 15% of the total project costs.

COORDINATOR (INSERT HOST INSTITUTION NAME) BUDGET JUSTIFICATION

	DESCRIPTION
Personnel costs (A)	
Travel costs (B)	
Materials and supplies (C)	
Equipment costs (D)	
Subcontracting (E)	
Other direct costs (F)	

COORDINATOR (INSERT HOST INSTITUTION NAME) OVERALL BUDGET

	1-18 months	19-36 months	TOTAL
Personnel (A)	- €	- €	- €
Travel (B)	- €	- €	- €
Materials and supplies (C)	- €	- €	- €
Equipment costs (D)	- €	- €	- €
Subcontracting (E)	- €	- €	- €
Other direct costs (F)	- €	- €	- €
Total direct costs	- €	- €	- €
Overheads (G)	- €	- €	- €
TOTAL	- €	- €	- €

PERSONNEL COSTS COORDINATOR (INSERT HOST INSTITUTION NAME)

PERSONNEL	1-18 months	19-36 months	TOTAL
PI (Name and Surname)	- €	- €	- €
CO-PI (Name and Surname)	- €	- €	- €
Collaborator 1 (Name and Surname)	- €	- €	- €
Collaborator 2 (Name and Surname)	- €	- €	- €
Collaborator 3 (Name and Surname)	- €	- €	- €
<i>Please insert as many lines as needed</i>	- €	- €	- €
TOTAL	- €	- €	- €

TRAVEL COSTS COORDINATOR (INSERT HOST INSTITUTION NAME)

TYPE OF EVENT	1-18 months	19-36 months	TOTAL
Please insert the type of event and estimated costs (e.g. kick off project meeting, national conference, european conference, workshop...). Please delete this line when filling in the table. Please insert as many lines as needed.	1.000,00 €	2.000,00 €	3.000,00 €
	- €	- €	- €
	- €	- €	- €
	- €	- €	- €
	- €	- €	- €
TOTAL	1.000,00 €	2.000,00 €	3.000,00 €

MATERIAL AND SUPPLIES COSTS COORDINATOR (INSERT HOST INSTITUTION NAME)

TYPE OF CONSUMABLE	1-18 months	19-36 months	TOTAL
<p>Please insert category/type and an estimated amount. Please insert as many lines as needed</p> <p>EXAMPLE - DELETE WHEN FILLING IN CELL LINES</p>	100.000,00 €	50.000,00 €	150.000,00 €
	- €	- €	- €
	- €	- €	- €
	- €	- €	- €
	- €	- €	- €
TOTAL	100.000,00 €	50.000,00 €	150.000,00 €

EQUIPMENT COSTS COORDINATOR (INSERT HOST INSTITUTION NAME)

EQUIPMENT	1-18 months	19-36 months	TOTAL
Please insert as many lines as needed. EXAMPLE - DELETE WHEN FILLING IN MICROSCOPE	- €	- €	- €
	- €	- €	- €
	- €	- €	- €
	- €	- €	- €
TOTAL	- €	- €	- €

Please note that the cost of purchasing equipment has to be the "depreciation value" calculated for the actual time in which the equipment will be used during the project execution.

SUBCONTRACTING COSTS COORDINATOR (INSERT HOST INSTITUTION NAME)

SUBCONTRACTED SERVICES	1-18 months	19-36 months	TOTAL
Please insert the type of service that need to be subcontracted and an estimated cost (es. project website). Please add as many line as you need and delete this line when filling in the table	- €	- €	- €
	- €	- €	- €
	- €	- €	- €
	- €	- €	- €
TOTAL	- €	- €	- €

OTHER DIRECT COSTS COORDINATOR (INSERT HOST INSTITUTION NAME)

Type of Cost	1-18 months	19-36 months	TOTAL
<i>Please insert the type of cost and an estimated amount</i> EXAMPLE - DELETE WHEN FILLING IN OPEN ACCESS FEES	2.000,00 €	4.000,00 €	6.000,00 €
EXAMPLE - DELETE WHEN FILLING IN CONFERENCE FEES	1.000,00 €	500,00 €	1.500,00 €
	- €	- €	- €
	- €	- €	- €
TOTAL	3.000,00 €	4.500,00 €	7.500,00 €

PARTNER 1 (INSERT HOST INSTITUTION NAME) BUDGET JUSTIFICATION

	DESCRIPTION
Personnel costs (A)	
Travel costs (B)	
Materials and supplies (C)	
Equipment costs (D)	
Subcontracting (E)	
Other direct costs (F)	

PARTNER 1 (INSERT HOST INSTITUTION NAME) OVERALL BUDGET

	1-18 months	19-36 months	TOTAL
Personnel (A)	- €	- €	- €
Travel (B)	- €	- €	- €
Materials and supplies (C)	- €	- €	- €
Equipment costs (D)	- €	- €	- €
Subcontracting (E)	- €	- €	- €
Other direct costs (F)	- €	- €	- €
Total direct costs	- €	- €	- €
Overheads (G)	- €	- €	- €
TOTAL	- €	- €	- €

PERSONNEL COSTS PARTNER 1 (INSERT HOST INSTITUTION NAME)

PERSONNEL	1-18 months	19-36 months	TOTAL
PI (Name and Surname)	- €	- €	- €
CO-PI (Name and Surname)	- €	- €	- €
Collaborator 1 (Name and Surname)	- €	- €	- €
Collaborator 2 (Name and Surname)	- €	- €	- €
Collaborator 3 (Name and Surname)	- €	- €	- €
<i>Please insert as many lines as needed</i>	- €	- €	- €
TOTAL	- €	- €	- €

TRAVEL COSTS PARTNER 1 (INSERT HOST INSTITUTION NAME)

TYPE OF EVENT	1-18 months	19-36 months	TOTAL
Please insert the type of event and estimated costs (e.g. kick off project meeting, national conference, european conference, workshop...). Please delete this line when filling in the table. Please insert as many lines as needed.	1.000,00 €	2.000,00 €	3.000,00 €
	- €	- €	- €
	- €	- €	- €
	- €	- €	- €
	- €	- €	- €
TOTAL	1.000,00 €	2.000,00 €	3.000,00 €

MATERIAL AND SUPPLIES COSTS PARTNER 1 (INSERT HOST INSTITUTION NAME)

TYPE OF CONSUMABLE	1-18 months	19-36 months	TOTAL
<p>Please insert category/type and an estimated amount. Please insert as many lines as needed</p> <p>EXAMPLE - DELETE WHEN FILLING IN CELL LINES</p>	100.000,00 €	50.000,00 €	150.000,00 €
	- €	- €	- €
	- €	- €	- €
	- €	- €	- €
	- €	- €	- €
TOTAL	100.000,00 €	50.000,00 €	150.000,00 €

EQUIPMENT COSTS PARTNER 1 (INSERT HOST INSTITUTION NAME)

EQUIPMENT	1-18 months	19-36 months	TOTAL
Please insert as many lines as needed. EXAMPLE - DELETE WHEN FILLING IN MICROSCOPE	- €	- €	- €
	- €	- €	- €
	- €	- €	- €
	- €	- €	- €
TOTAL	- €	- €	- €

Please note that the cost of purchasing equipment has to be the "depreciation value" calculated for the actual time in which the equipment will be used during the project execution.

SUBCONTRACTING COSTS PARTNER 1 (INSERT HOST INSTITUTION NAME)

SUBCONTRACTED SERVICES	1-18 months	19-36 months	TOTAL
Please insert the type of service that need to be subcontracted and an estimated cost (es. project website). Please add as many line as you need and delete this line when filling in the table	- €	- €	- €
	- €	- €	- €
	- €	- €	- €
	- €	- €	- €
TOTAL	- €	- €	- €

OTHER DIRECT COSTS PARTNER 1 (INSERT HOST INSTITUTION NAME)

Type of Cost	1-18 months	19-36 months	TOTAL
<i>Please insert the type of cost and an estimated amount</i> EXAMPLE - DELETE WHEN FILLING IN OPEN ACCESS FEES	2.000,00 €	4.000,00 €	6.000,00 €
EXAMPLE - DELETE WHEN FILLING IN CONFERENCE FEES	1.000,00 €	500,00 €	1.500,00 €
	- €	- €	- €
	- €	- €	- €
TOTAL	3.000,00 €	4.500,00 €	7.500,00 €

PARTNER 2 (INSERT HOST INSTITUTION NAME) BUDGET JUSTIFICATION

	DESCRIPTION
Personnel costs (A)	
Travel costs (B)	
Materials and supplies (C)	
Equipment costs (D)	
Subcontracting (E)	
Other direct costs (F)	

PARTNER 2 (INSERT HOST INSTITUTION NAME) OVERALL BUDGET

	1-18 months	19-36 months	TOTAL
Personnel (A)	- €	- €	- €
Travel (B)	- €	- €	- €
Materials and supplies (C)	- €	- €	- €
Equipment costs (D)	- €	- €	- €
Subcontracting (E)	- €	- €	- €
Other direct costs (F)	- €	- €	- €
Total direct costs	- €	- €	- €
Overheads (G)	- €	- €	- €
TOTAL	- €	- €	- €

PERSONNEL COSTS PARTNER 2 (INSERT HOST INSTITUTION NAME)

PERSONNEL	1-18 months	19-36 months	TOTAL
PI (Name and Surname)	- €	- €	- €
CO-PI (Name and Surname)	- €	- €	- €
Collaborator 1 (Name and Surname)	- €	- €	- €
Collaborator 2 (Name and Surname)	- €	- €	- €
Collaborator 3 (Name and Surname)	- €	- €	- €
<i>Please insert as many lines as needed</i>	- €	- €	- €
TOTAL	- €	- €	- €

TRAVEL COSTS PARTNER 2 (INSERT HOST INSTITUTION NAME)

TYPE OF EVENT	1-18 months	19-36 months	TOTAL
Please insert the type of event and estimated costs (e.g. kick off project meeting, national conference, european conference, workshop...). Please delete this line when filling in the table. Please insert as many lines as needed.	1.000,00 €	2.000,00 €	3.000,00 €
	- €	- €	- €
	- €	- €	- €
	- €	- €	- €
	- €	- €	- €
TOTAL	1.000,00 €	2.000,00 €	3.000,00 €

MATERIAL AND SUPPLIES COSTS PARTNER 2 (INSERT HOST INSTITUTION NAME)

TYPE OF CONSUMABLE	1-18 months	19-36 months	TOTAL
<p>Please insert category/type and an estimated amount. Please insert as many lines as needed</p> <p>EXAMPLE - DELETE WHEN FILLING IN CELL LINES</p>	100.000,00 €	50.000,00 €	150.000,00 €
	- €	- €	- €
	- €	- €	- €
	- €	- €	- €
	- €	- €	- €
TOTAL	100.000,00 €	50.000,00 €	150.000,00 €

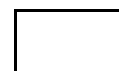
EQUIPMENT COSTS PARTNER 2 (INSERT HOST INSTITUTION NAME)

EQUIPMENT	1-18 months	19-36 months	TOTAL
Please insert as many lines as needed. EXAMPLE - DELETE WHEN FILLING IN MICROSCOPE	- €	- €	- €
	- €	- €	- €
	- €	- €	- €
	- €	- €	- €
TOTAL	- €	- €	- €

Please note that the cost of purchasing equipment has to be the "depreciation value" calculated for the actual time in which the equipment will be used during the project execution.

SUBCONTRACTING COSTS PARTNER 2 (INSERT HOST INSTITUTION NAME)

SUBCONTRACTED SERVICES	1-18 months	19-36 months	TOTAL
Please insert the type of service that need to be subcontracted and an estimated cost (es. project website). Please add as many line as you need and delete this line when filling in the table	- €	- €	- €
	- €	- €	- €
	- €	- €	- €
	- €	- €	- €
TOTAL	- €	- €	- €



OTHER DIRECT COSTS PARTNER 2 (INSERT HOST INSTITUTION NAME)

Type of Cost	1-18 months	19-36 months	TOTAL
<i>Please insert the type of cost and an estimated amount</i> EXAMPLE - DELETE WHEN FILLING IN OPEN ACCESS FEES	2.000,00 €	4.000,00 €	6.000,00 €
EXAMPLE - DELETE WHEN FILLING IN CONFERENCE FEES	1.000,00 €	500,00 €	1.500,00 €
	- €	- €	- €
	- €	- €	- €
TOTAL	3.000,00 €	4.500,00 €	7.500,00 €

PARTNER 3 (INSERT HOST INSTITUTION NAME) BUDGET JUSTIFICATION

	DESCRIPTION
Personnel costs (A)	
Travel costs (B)	
Materials and supplies (C)	
Equipment costs (D)	
Subcontracting (E)	
Other direct costs (F)	

OVERALL BUDGET PARTNER 3 (INSERT HOST INSTITUTION NAME)

	1-18 months	19-36 months	TOTAL
Personnel (A)	- €	- €	- €
Travel (B)	- €	- €	- €
Materials and supplies (C)	- €	- €	- €
Equipment costs (D)	- €	- €	- €
Subcontracting (E)	- €	- €	- €
Other direct costs (F)	- €	- €	- €
Total direct costs	- €	- €	- €
Overheads (G)	- €	- €	- €
TOTAL	- €	- €	- €

PERSONNEL COSTS PARTNER 3 (INSERT HOST INSTITUTION NAME)

PERSONNEL	1-18 months	19-36 months	TOTAL
PI (Name and Surname)	- €	- €	- €
CO-PI (Name and Surname)	- €	- €	- €
Collaborator 1 (Name and Surname)	- €	- €	- €
Collaborator 2 (Name and Surname)	- €	- €	- €
Collaborator 3 (Name and Surname)	- €	- €	- €
<i>Please insert as many lines as needed</i>	- €	- €	- €
TOTAL	- €	- €	- €

TRAVEL COSTS PARTNER 3 (INSERT HOST INSTITUTION NAME)

TYPE OF EVENT	1-18 months	19-36 months	TOTAL
Please insert the type of event and estimated costs (e.g. kick off project meeting, national conference, european conference, workshop...). Please delete this line when filling in the table. Please insert as many lines as needed.	1.000,00 €	2.000,00 €	3.000,00 €
	- €	- €	- €
	- €	- €	- €
	- €	- €	- €
	- €	- €	- €
TOTAL	1.000,00 €	2.000,00 €	3.000,00 €

MATERIAL AND SUPPLIES COSTS PARTNER 3 (INSERT HOST INSTITUTION NAME)

TYPE OF CONSUMABLE	1-18 months	19-36 months	TOTAL
<p>Please insert category/type and an estimated amount. Please insert as many lines as needed</p> <p>EXAMPLE - DELETE WHEN FILLING IN CELL LINES</p>	100.000,00 €	50.000,00 €	150.000,00 €
	- €	- €	- €
	- €	- €	- €
	- €	- €	- €
	- €	- €	- €
TOTAL	100.000,00 €	50.000,00 €	150.000,00 €

EQUIPMENT COSTS PARTNER 3 (INSERT HOST INSTITUTION NAME)

EQUIPMENT	1-18 months	19-36 months	TOTAL
Please insert as many lines as needed. EXAMPLE - DELETE WHEN FILLING IN MICROSCOPE	- €	- €	- €
	- €	- €	- €
	- €	- €	- €
	- €	- €	- €
TOTAL	- €	- €	- €

Please note that the cost of purchasing equipment has to be the "depreciation value" calculated for the actual time in which the equipment will be used during the project execution.

SUBCONTRACTING COSTS PARTNER 3 (INSERT HOST INSTITUTION NAME)

SUBCONTRACTED SERVICES	1-18 months	19-36 months	TOTAL
Please insert the type of service that need to be subcontracted and an estimated cost (es. project website). Please add as many line as you need and delete this line when filling in the table	- €	- €	- €
	- €	- €	- €
	- €	- €	- €
	- €	- €	- €
TOTAL	- €	- €	- €



OTHER DIRECT COSTS PARTNER 3 (INSERT HOST INSTITUTION NAME)

Type of Cost	1-18 months	19-36 months	TOTAL
<i>Please insert the type of cost and an estimated amount</i> EXAMPLE - DELETE WHEN FILLING IN OPEN ACCESS FEES	2.000,00 €	4.000,00 €	6.000,00 €
EXAMPLE - DELETE WHEN FILLING IN CONFERENCE FEES	1.000,00 €	500,00 €	1.500,00 €
	- €	- €	- €
	- €	- €	- €
TOTAL	3.000,00 €	4.500,00 €	7.500,00 €

GENERAL INFORMATION	
Proposal title:	
Acronym:	
TOTAL FINANCING REQUESTED TO FRRB (€):	- €
Coordinator	<i>Insert Host Institution name</i>
Partner 1	<i>Insert Host Institution name</i>
Partner 2	<i>Insert Host Institution name</i>
Partner 3	<i>Insert Host Institution name</i>