# Low-Cost Research Budget

This fee template applies for all SSA (Site Specific Assessment) submissions that are **not** commercially sponsored. Please refer to the Darling Downs Health Schedule of Fees for guidance on when Ethics Review and/or Governance Review fees may apply.

|  |  |
| --- | --- |
| **Project Name** |  |
| **Category** | **Description** | **Estimated Cost Total** | **In-kind\* Contribution / No Cost \*\*** |
| **Staff Wages** |
| **Principal Investigator (PI)** | Specify percentage of time and hourly rate, if applicable | $ |  |
| **Research Assistants (Nurse / Coordinator)** | Specify number of assistants, percentage of time, and hourly rate, if applicable | $ |  |
| **Materials and Supplies** |
| **Data Collection Materials** | Eg. Survey forms, questionnaires | $ |  |
| **Office Supplies** | Eg. Paper, pens, folders | $ |  |
| **Lab Supplies** | If applicable  | $ |  |
| **Equipment**  |
| **Computers / Laptops** | Specify if any need to be purchased or if existing ones will be used  | $ |  |
| **Software**  | Specify any software needed for data analysis or management  | $ |  |
| **Travel and Transportation** |
| **Travel** | Specify transportation costs for fieldwork, conferences etc | $ |  |
| **Accommodation** | If applicable | $ |  |

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| --- | --- | --- | --- |
| **Category** | **Description** | **Estimated Cost Total** | **In-kind\* Contribution / No Cost \*\*** |
| **Communication and Dissemination** |
| **Printing and Publication Costs** | For reports, papers etc | $ |  |
| **Conference Fees**  | If presenting findings at conferences | $ |  |
| **Contingency Fund** |
| **Emergency Fund** | Allocate percentage of the total budget for unforeseen circumstances | $ |  |
| **Total Budget** | **$** |
| **Funding Type** |  |
| **Principal Investigator Name:** | **Signature:** | **Date:** |
| **Finance/Business Manager Name:** | **Signature:** | **Date:** |

**\* In-kind costs (where there is no funding available but the department has confirmed support)**

**\*\* No cost (volunteered time outside of work hours)**

#### Research Approval Workflow

Head of Department and Finance

#### Clipboard with solid fill

*May provide feedback, recommend changes, and advise researchers.*

Researcher prepares budget

#### Dollar with solid fill

$10,000 + OR any funding

Less than $10,000

#### Calculator outline

Appropriate Finance Manager checks budget, reviews and approves

*Researcher may seek advice from their Finance Manager or REGO at any time.*

#### Male profile with solid fillFemale Profile outline

#### Users outline

Approved budget is returned to research team

Researchers uploads budget to Site Specific Assessment Form



Any Questions? Contact 07 4616 6696 / 4616 6461 or DDHHS-Research@health.qld.gov.au