

RESEACH & RELATED BUDGET - Budget Period 1

ORGANIZATIONAL DUNS Enter Name of Organization

Budget Type : Project Subaward/Consortium Budget Period 1:
 Start Date End Date

A. Senior / Key Person

Prefix	First	Middle	Last	Suffix	Base Salary (\$)	Cal.	Months Acad.	Sum.	Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)

Project Role:

Additional Senior Key Persons (Add Attachments, as appropriate) Total Funds Requested for all Senior Key Persons in the Attached File
 Total Senior / Key Personnel 0

B. Other Personnel

Number of Personnel	Project Role	Months			Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
		Cal.	Acad.	Sum.			
	Post Doctotal Associates						
	Graduate Students						
	Undergraduate Students						
	Secretarial / Clerical						

0 Total Number Other Personnel Total Other Personnel 0

Total Salary, Wages, and Fringe Benefits (A + B) 0

C. Equipment Description

List items and dollar amount for each item exceeding \$5,000

Equipment item

Funds Requested (\$)

Additional Equipment:

(Add Attachments, as appropriate)

Total Funds Requested for All Equipment listed in the Attached File

Total Equipment

0

D. Travel Funds

1 Domestic Travel Costs (Incl. Canada, Mexico and U.S. Possessions)

2 Foreign Travel Costs

Funds Requested (\$)

Total Travel Cost

E. Participant/Trainee Support Costs

1 Tuition/Fees/Health Insurance

2 Stipends

3 Travel

4 Subsistence

5 Other

Funds Requested (\$)

Number of Participants/Trainees

Total Participant/Trainee Support Costs

0

F. Other Direct Costs

- 1 Materials and Supplies
- 2 Publication Costs
- 3 Consultant Services
- 4 ADP/Computer Services
- 5 Subawards/Consortium/Contractual Costs
- 6 Equipment or Facility Rental/Fees
- 7 Alterations and Renovations

8	
9	
10	

Funds Requested (\$)

Total Other Direct Costs	0

G. Direct Costs

Funds Requested (\$)
Total Direct Costs (A thru F)

0

H. Indirect Costs

Indirect Cost Type

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Indirect Cost Rate (%)

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Indirect Cost Base (\$)

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Funds Requested (\$)

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Total Indirect Costs

0

Cognizant Federal Agency

(Agency Name, POC Name and POC Phone Number)

I. Total Direct and Indirect Costs

Funds Requested (\$)
Total Direct and Indirect Institutional Costs (G + H)

0

J. Fee

Funds Requested (\$)

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K. Budget Justification

(Only attach one file)

Funds Requested (\$)

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RESEARCH & RELATED BUDGET - Cumulative Budget

		Totals (\$)
Section A, Senior/Key Person		0
Section B, Other Personnel		0
Total Number Other Personnel	0	
Total Salary, Wages and Fringe Benefits (A + B)		0
Section C, Equipment		0
Section D, Travel		0
1. Domestic	0	
2. Foreign	0	
Section E, Participant/Trainee Support Costs		0
1. Tuition Fees/Health Insurance	0	
2. Stipends	0	
3. Travel	0	
4. Subsistence	0	
5. Other	0	
6. Number of Participants/Trainees	0	
Section F, Other Direct Costs		0
1. Materials and Supplies	0	
2. Publication Costs	0	
3. Consultant Services	0	
4. ADP/Computer Services	0	
5. Subawards/Consortium/Contractual Costs	0	
6. Equipment or Facility Rental/User Fees	0	
7. Alterations and Renovations	0	
8. Other 1	0	
9. Other 2	0	
10. Other 3	0	
Section G, Direct Costs (A through F)		0
Section H, Indirect Costs		0
Section I, Total Direct and Indirect Costs (G + H)		0
Section J, Fee		0
GRAND TOTAL		0