



Budget & Budget Justification

Specify the anticipated budget expenditures for your project and include a detailed justification for these budget expenditures. As noted earlier, the indirect cost rate is limited to 10 percent.

Institution Name

Requested Personnel Costs

Enter each person individually.

First Name

Last Name

Title

Please provide a detailed justification.

Requested Salary Amount

\$	
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Level of Effort %

--

Requested Fringe Benefit Amount

\$	
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Fringe Benefit Rate

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If the salary amount includes a cost of living increase, provide the rate increase here:

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Do you need to enter more personnel costs?

- Yes
- No

Personnel Costs Subtotal

\$	0.00
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Requested Capital Equipment

Special purpose equipment items with a unit cost of \$5,000 or more.

1. Equipment Name

--

Requested Equipment Amount

\$	
----	--

Please provide more detail on why this equipment is essential to your project:

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2. Equipment Name

--

Requested Equipment Amount

\$	
----	--

Please provide more detail on why this equipment is essential to your project:

Capital Equipment Subtotal

\$	0.00
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Requested Travel

Employee/Personnel costs for transportation, lodging, subsistence, conference registration and related items.

1. Travel Description

Requested Travel Amount

\$	
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Provide detail related to this travel.

Include breakdown of travel expenses. EX: \$750 for airfare, \$150 for lodging, etc.

2. Travel Description

Requested Travel Amount

\$	
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Provide detail related to this travel.

Include breakdown of travel expenses. EX: \$750 for airfare, \$150 for lodging, etc.

Travel Costs Subtotal

\$	0.00
----	------

Requested Participant Support Costs

Student stipends/gift cards paid to educational/training participants or to individuals that support an educational/training program. Includes subsistence and travel payments for participants.

1. Participant Support Description

Requested Amount

\$	
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Provide detail related to this participant support cost..

2. Participant Support Description

Requested Amount

\$	
----	--

Provide detail related to this participant support cost..

3. Participant Support Description

Requested Amount

\$	
----	--

Provide detail related to this participant support cost..

Participant Support Costs Subtotal

\$	0.00
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Requested Other Direct Costs

Materials & supplies, publication costs, consultant services, honoraria, contractual costs and subawards.

1. Other Direct Costs Description

Requested Amount

\$	
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Provide detail related to this other direct cost.

2. Other Direct Costs Description

Requested Amount

\$	
----	--

Provide detail related to this other direct cost.

3. Other Direct Costs Description

Requested Amount

\$	
----	--

Provide detail related to this other direct cost.

4. Other Direct Costs Description

Requested Amount

\$	
----	--

Provide detail related to this other direct cost.

5. Other Direct Costs Description

Requested Amount

\$	
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Provide detail related to this other direct cost.

Other Direct Costs Subtotal

\$	0.00
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Requested Indirect Costs

Lease/Rental Costs, or Maintenance payments, Capital Equipment and participant support costs are not subject to Indirect Costs.

Direct Cost Base

\$	
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Indirect Cost Rate %

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Calculated Indirect Costs

\$	
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Upload your Federally Negotiated Rate Agreement here:

+ Select a file		?
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Total Requested Costs

TOTAL Requested Costs

\$	0.00
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Please upload the last A133 audit report here:

+ Select a file		?
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Submit

