



PROPOSAL (Draft)	YEAR 1 BUDGET
------------------	---------------

YEAR 1 BUDGET

Principal Investigator:			SPONSOR APPROVED COSTS:		APPROVED COST SHARE:		APPROVED TOTAL COST:		\$0.00	Salary Cap
Project Title:							Total Cost		\$0.00	
Sponsor:							Sponsor Total Cost:		\$0.00	
Fund/Org/Program			START:	Sponsor Direct Cost:		\$0.00	Direct Cost Share:		\$0.00	
Sponsor Project #:				Sponsor Indirect Cost		\$0.00	Indirect Cost Share:		\$0.00	
Sponsor Type:			END:	Other:			Other:		\$0.00	
Project Type:				Sponsor Indirect Rate:		53.0%	C/S Indirect Rate:		53.0%	
							Effective Indirect Rate:		53.0%	

PERSONNEL COSTS

APPOINTMENT						SPONSOR DIRECT COSTS					COST SHARE					TOTAL DIRECT COST				
NAME		JOB CLASS	COLLEGE	APPOINTMENT SALARY	FRINGE RATE	ACCT	SPONSOR EFFORT		SPONSOR SALARY	SPONSOR FRINGE	SPONSOR SUB TOTAL	COST SHARE EFFORT		COST SHARE SALARY	COST SHARE FRINGE	COST SHARE SUB-TOTAL	TOTAL EFFORT		TOTAL SALARY	TOTAL FRINGE
			%				P/M	%				P/M	%				P/M			
12-Month Academic Year Appointment											\$0.00					\$0.00	0.0%			
											\$0.00					\$0.00	0.0%			
											\$0.00					\$0.00	0.0%			
											\$0.00					\$0.00	0.0%			
											\$0.00					\$0.00	0.0%			
				12-Month Appt. Sub-Total					\$0.00	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00			\$0.00	\$0.00
9-Month Academic Year Appointment																				
											\$0.00					\$0.00				
											\$0.00					\$0.00	0.0%			
											\$0.00					\$0.00	0.0%			
											\$0.00					\$0.00	0.0%			
											\$0.00					\$0.00	0.0%			
				9-Month Appt. Sub-Total					\$0.00	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00			\$0.00	\$0.00
Summer Faculty Effort																				
											\$0.00					\$0.00	0.0%			
											\$0.00					\$0.00	0.0%			
											\$0.00					\$0.00	0.0%			
											\$0.00					\$0.00	0.0%			
											\$0.00					\$0.00	0.0%			
				Summer Appt. Sub-Total					\$0.00	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00			\$0.00	\$0.00
Technical/Professional																				
											\$0.00					\$0.00	0.0%			
											\$0.00					\$0.00	0.0%			
											\$0.00					\$0.00	0.0%			
											\$0.00					\$0.00	0.0%			
											\$0.00					\$0.00	0.0%			
				Technical/Professional Sub-Total					\$0.00	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00			\$0.00	\$0.00
Post-Doctoral																				
											\$0.00					\$0.00	0.0%			
											\$0.00					\$0.00	0.0%			
											\$0.00					\$0.00	0.0%			
											\$0.00					\$0.00	0.0%			
											\$0.00					\$0.00	0.0%			
				Fellowship & Post-Doc Sub-Total					\$0.00	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00			\$0.00	\$0.00
Graduate & Undergraduate Research Assistants																				
											\$0.00					\$0.00	0.0%			
											\$0.00					\$0.00	0.0%			
											\$0.00					\$0.00	0.0%			
											\$0.00					\$0.00	0.0%			
											\$0.00					\$0.00	0.0%			
				Student Sub-Total					\$0.00	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00			\$0.00	\$0.00
Other																				
											\$0.00					\$0.00	0.0%			
											\$0.00					\$0.00	0.0%			
											\$0.00					\$0.00	0.0%			
											\$0.00					\$0.00	0.0%			
											\$0.00					\$0.00	0.0%			
				Other Sub-Total					\$0.00	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00			\$0.00	\$0.00
SUB-TOTAL PERSONNEL									\$0.00	\$0.00	\$0.00			\$0.00	\$0.00	\$0.00			\$0.00	\$0.00

OTHER DIRECT COSTS

SUB-RECIPIENT AND CONSORTIA COSTS

INSTITUTION/PI

COST SHARE	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	
33	
34	
35	
36	
37	
38	
39	
40	
41	
42	
43	
44	
45	
46	
47	
48	
49	
50	
51	
52	
53	
54	
55	
56	
57	
58	
59	
60	
61	
62	
63	
64	
65	
66	
67	
68	
69	
70	
71	
72	
73	
74	
75	
76	
77	
78	
79	
80	
81	
82	
83	
84	
85	
86	
87	
88	
89	
90	
91	
92	
93	
94	
95	
96	
97	
98	
99	
100	

TOTAL DIRECT



PROPOSAL (Draft)	YEAR 1 BUDGET
------------------	---------------

YEAR 1 BUDGET

[illegible]

CONSULTANT COSTS	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
25	26
27	28
29	30
31	32
33	34
35	36
37	38
39	40
41	42
43	44
45	46
47	48
49	50
51	52
53	54
55	56
57	58
59	60
61	62
63	64
65	66
67	68
69	70
71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

DESCRIPTION / NAME	SPONSOR COST		COST SHARE						TOTAL DIRECT COST
	ACCT CODE	EXPENSE	EXPENSE	TYPE	FUND	ORG	ACCT	PROG	
									\$0
									\$0
									\$0
									\$0
									\$0
									\$0
									\$0
									\$0
									\$0
									\$0
									\$0
									\$0
									\$0
									\$0
SUB-TOTAL CONSULTANTS		\$0.00	\$0.00						\$0.00

No F&A on Federal Grants **EQUIPMENT**

COSTS > \$5,000

DESCRIPTION	CATEGORY	SPONSOR COST		COST SHARE						TOTAL DIRECT COST
		ACCT CODE	EXPENSE	EXPENSE	TYPE	FUND	ORG	ACCT	PROG	
										\$0
										\$0
										\$0
SUB-TOTAL EQUIPMENT			\$0.00	\$0.00						\$0.00

[illegible]

DESCRIPTION	CATEGORY	SPONSOR COST		COST SHARE						TOTAL DIRECT COST	
		ACCT CODE	EXPENSE	EXPENSE	TYPE	FUND	ORG	ACCT	PROG		
										\$0	
										\$0	
										\$0	
										\$0	
										\$0	
										\$0	
										\$0	
										\$0	
										\$0	
										\$0	
										\$0	
										\$0	
										\$0	
SUB-TOTAL SUPPLIES			\$0.00	\$0.00							\$0.00

TRAVEL COSTS	
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	
11	
12	
13	
14	
15	
16	
17	
18	
19	
20	
21	
22	
23	
24	
25	
26	
27	
28	
29	
30	
31	
32	
33	
34	
35	
36	
37	
38	
39	
40	
41	
42	
43	
44	
45	
46	
47	
48	
49	
50	
51	
52	
53	
54	
55	
56	
57	
58	
59	
60	
61	
62	
63	
64	
65	
66	
67	
68	
69	
70	
71	
72	
73	
74	
75	
76	
77	
78	
79	
80	
81	
82	
83	
84	
85	
86	
87	
88	
89	
90	
91	
92	
93	
94	
95	
96	
97	
98	
99	
100	

PURPOSE	TRAVEL TYPE	DESTINATION	SPONSOR COST		COST SHARE						TOTAL DIRECT COST
			ACCT CODE	EXPENSE	EXPENSE	TYPE	FUND	ORG	ACCT	PROG	
											\$0
	Select One										\$0
	Select One										\$0
	Select One										\$0
	Select One										\$0
SUB-TOTAL TRAVEL				\$0.00	\$0.00						\$0.00

No F&A on Federal Grants PATIENT C

CARE COSTS

DESCRIPTION	HOSPITAL	CATEGORY	SPONSOR COST		COST SHARE						TOTAL DIRECT COST
			ACCT CODE	EXPENSE	EXPENSE	TYPE	FUND	ORG	ACCT	PROG	
		Inpatient									\$0
		Outpatient									\$0
SUB-TOTAL PATIENT CARE				\$0.00	\$0.00						\$0.00

No F&A on Federal Grants **ALTERATIONS, RENOVATION**

INS & OTHER PROPERTY COSTS

No F&A on Federal Grants