

PROJECT BUDGET

TO BE SUBMITTED WITH RESEARCH GRANT APPLICATION

PRINCIPAL INVESTIGATOR _____

INSTITUTION _____

PROJECT TITLE _____

| | YEAR 1 | YEAR 2 | TOTAL |
|---|--------|--------|-------|
| DATE RANGE | | | |
| (small grants are 12 months only; large grants can be 12 or 24 months) | _____ | _____ | |
| SALARIES & BENEFITS | | | |
| Principal Investigator (SFP Fellow ONLY) | | | |
| Fringe benefit percentage of salary* | _____ | _____ | |
| Project salary | _____ | _____ | _____ |
| Fringe benefits | _____ | _____ | _____ |
| SUBTOTAL | _____ | _____ | _____ |
| Technical Personnel | | | |
| (list by name and degree/title) | | | |
| 1. _____ | | | |
| Fringe benefit percentage of salary* | _____ | _____ | |
| Project salary | _____ | _____ | _____ |
| Fringe benefits | _____ | _____ | _____ |
| SUBTOTAL | _____ | _____ | _____ |
| 2. _____ | | | |
| Fringe benefit percentage of salary* | _____ | _____ | |
| Project salary | _____ | _____ | _____ |
| Fringe benefits | _____ | _____ | _____ |
| SUBTOTAL | _____ | _____ | _____ |

(continued on next page)

* **NOTE:** Enter fringe benefit percentage as a decimal. E.g., .05 = 5%

3 _____
 Fringe benefit percentage of salary* _____
 Project salary _____
 Fringe benefits _____
SUBTOTAL _____

4 _____
 Fringe benefit percentage of salary* _____
 Project salary _____
 Fringe benefits _____
SUBTOTAL _____

5 _____
 Fringe benefit percentage of salary* _____
 Project salary _____
 Fringe benefits _____
SUBTOTAL _____

6 _____
 Fringe benefit percentage of salary* _____
 Project salary _____
 Fringe benefits _____
SUBTOTAL _____

SALARIES/BENEFITS SUBTOTAL _____

SUPPLIES (categorize below)

SUBTOTAL _____

(continued on next page)

* **NOTE:** Enter fringe benefit percentage as a decimal. E.g., .05 = 5%

EQUIPMENT (itemize below)

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

SUBTOTAL

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

OTHER EXPENSES (itemize below)
(*NOT indirect expenses*)

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

SUBTOTAL

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

TRAVEL (to complete the project)

| | | | |
|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ |
|-------|-------|-------|-------|

DIRECT COSTS TOTAL

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

INDIRECT COSTS

(must be no more than 10% of the budget
of a small grant or 20% that of a large grant)

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

GRANT TOTAL

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
|-------|-------|-------|

NOTE: WHEN YOU SAVE THIS FORM, PLEASE USE THIS FORMAT FOR THE FILE NAME: YOURLASTNAME_BUDGET.PDF

RESET FORM

SAVE FORM

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