

## Period: 1

Prefix	
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* First Name	
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Middle Name	
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\* Last Name

Suffix	
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Applicant Organization
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\* Requested Grant Period From:

\* Requested Grant Period Thru:  

If this is a revised budget, indicate application/grant number:

## SECTION A

\* Budget detail for the period from:  \* Thru:

When the proposed grant period is eighteen months or longer, project expenses for each twelve-month period are to be listed separately.

Provide the names and titles of the principal project personnel. For support staff, include the title of each position and indicate in brackets the number of persons who will be employed in that capacity. For persons employed on an academic year basis, list separately any salary charge for work done outside the academic year.

* Name/Title of Position	No.	* Method of Cost Computation	Grant Funds (a) (\$)	Cost Sharing (b) (\$)	Total (c) (\$)
<b>SUBTOTALS</b>					

Budget

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2. Fringe Benefits

If more than one rate is used, list each rate and salary base.

* Rate		* Salary Base (\$)	Grant Funds (a) (\$)	Cost Sharing (b) (\$)	Total (c) (\$)
	% of				
	% of				
	% of				
SUBTOTALS					

3. Consultant Fees

Include payments for professional and technical consultants and honoraria.

* Name or Type of Consultant	No. of Days on Project	Daily Rate of Compensation (\$)	Grant Funds (a) (\$)	Cost Sharing (b) (\$)	Total (c) (\$)
SUBTOTALS					

4. Travel

For each trip, indicate the number of persons traveling, the total days they will be in travel status, and the total subsistence and transportation costs for that trip. When a project will involve the travel of a number of people to a conference, institute, etc., these costs may be summarized on one line by indicating the point of origin as "various." All foreign travel must be listed separately.

* From/To	#	*	Subsistence Costs (\$)	Transportation Costs = (\$)	Grant Funds (a) (\$)	Cost Sharing (b) (\$)	Total (c) (\$)
SUBTOTALS							

# = number of persons      \* = total travel days

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## 5. Supplies and Materials

Item	Basis/Method of Cost Computation	Grant Funds (a) (\$)	Cost Sharing (b) (\$)	Total (c) (\$)
SUBTOTALS				

Include the cost of duplication and printing, long distance telephone calls, equipment rental, postage, and other services related to project objectives that are not included under other budget categories or in the indirect cost pool. For subcontracts, provide an itemization of subcontract costs as an attachment on the summary page.

* Item	Basis/Method of Cost Computation	Grant Funds (a) (\$)	Cost Sharing (b) (\$)	Total (c) (\$)
SUBTOTALS				

## Period: 1

## 7. Other Costs

* Item	Basis/Method of Cost Computation	Grant Funds (a) (\$)	Cost Sharing (b) (\$)	Total (c) (\$)
SUBTOTALS				

### 8. Total Direct Costs

Total Direct Costs (Add Subtotals of Items 1 to 7) Grant Funds

## Budget

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**9. Indirect Costs**

This budget item applies only to institutional applicants. If indirect costs are to be charged to this project, **CHECK THE APPROPRIATE BOX BELOW** and provide the information requested. Refer to the budget instructions for explanation of these options.

- ☐ Current indirect cost rate(s) has/have been negotiated with federal agency (Complete items A and B).
- ☐ Indirect cost proposal has been submitted to a federal agency but not yet negotiated. (Indicate the name of the agency in item A and show proposed rate(s) and base(s), and the amount(s) of indirect costs in item B).
- ☐ Indirect cost proposal will be sent to the Agency if application is funded. (Provide an estimate in item B of the rate that will be used and indicate the base against which it will be charged and the amount of indirect costs).
- ☐ Applicant chooses to use a rate not to exceed 10% of direct costs, less distorting items, up to a maximum charge of \$5000 per year. (Under item B, enter the proposed rate, the base against which the rate will be charged, and the computation of indirect costs or \$5000 per year, whichever value is less).
- ☐ Applicant is a sponsorship (umbrella) organization and chooses to charge an administrative fee of 5% of total direct costs. (Complete Item B.)

**Item A.**

Name of Federal Agency

Date of Agreement

**Item B.**

* Rate (%)	* Base(s) (\$)	Grant Funds (a) (\$)	Cost Sharing (b) (\$)	Total (c) (\$)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* SUBTOTALS		<input type="text"/>	<input type="text"/>	<input type="text"/>

\* Total Project Costs  
Grant Funds (a) (\$)

\* Total Project Costs  
Cost Sharing (b) (\$)

\* Total Project Costs  
Total (c) (\$)

**10. Total Project Costs**

(Direct and Indirect) for budget period.

<input type="text"/>	<input type="text"/>	<input type="text"/>
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OMB Approval No. 3095-0013

Expiration Date: 01/31/2009

NA Form 17001 (Rev. 1-93)

OMB Number: 3136-0134

Expiration Date: 6/30/09

## Budget

**Section B**  
**SUMMARY BUDGET**

Transfer from Section A the total costs (column C) for each category of project expense. When the proposed grant period is eighteen months or longer, project expenses for each twelve-month period are to be listed separately.

	* First Year From <input type="text"/>	* Second Year From <input type="text"/>	* Third Year From <input type="text"/>	
	* First Year Thru <input type="text"/>	* Second Year Thru <input type="text"/>	* Third Year Thru <input type="text"/>	TOTAL COSTS FOR ENTIRE GRANT PERIOD
* 1. Salaries and Wages (\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* 2. Fringe Benefits (\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* 3. Consultant Fees (\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* 4. Travel (\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* 5. Supplies and Materials (\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* 6. Services (\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* 7. Other Costs (\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* 8. Total Direct Costs (Items 1-7) (\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* 9. Indirect Costs (\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
* Total Project Costs (Direct & Indirect) (\$)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**PROJECT FUNDING FOR THE ENTIRE GRANT PERIOD**

1. Indicate the amount of outright and/or Federal matching funds that is requested.

2. Indicate the amount of cash contributions that will be made by the applicant and cash and in-kind contributions made by third parties to support project expenses that appear in the budget. Cash gifts that will be raised to release federal matching funds should be included under "Third-party contributions." (Consult the program guidelines for information on cost sharing requirements.) When a project will generate income that will be used during the grant period to support expenses listed in the budget, indicate the amount of income that will be expended on budgeted project activities. Indicate the amount of actual or anticipated awards from other Federal agencies for this project and this grant period only.

3. Total Project Funding should equal Total Project Costs.

**\* 1. Grant Funds Requested**

Outright (\$)	<input type="text"/>
Federal Matching (\$)	<input type="text"/>
Total Funding (\$)	<input type="text"/>

**\* 2. Cost Sharing**

Applicant's Contributions (\$)	<input type="text"/>
Third-Party Contributions (\$)	<input type="text"/>
Project Income (\$)	<input type="text"/>
Other Federal Agencies (\$)	<input type="text"/>
TOTAL COST SHARING (\$)	<input type="text"/>
	<input type="text"/>

**3. TOTAL PROJECT FUNDING (Total Federal Funding + Total Cost Sharing)**


Additional Budget Information

Add Attachment

Delete Attachment

View Attachment