BUDGET JUSTIFICATION

**Project Title**: Click or tap here to enter text.

**Salaries and Wages for PIs.** Provide personnel, title/position, estimated hours and the rate of compensation proposed for each individual.

Click or tap here to enter text.

**Salaries and Wages for Graduate Students.** Provide personnel, title/position, estimated hours and the rate of compensation proposed for each individual. (Other forms of compensation paid as or in lieu of wages to students performing necessary work are allowable provided that the other payments are reasonable compensation for the work performed and are conditioned explicitly upon the performance of necessary work. Also, note that tuition has its own category below and that health insurance, if provided, is to be included under fringe benefits.)

Click or tap here to enter text.

**Salaries and Wages for Undergraduate Students.** Provide personnel, title/position, estimated hours and the rate of compensation proposed for each individual. (Other forms of compensation paid as or in lieu of wages to students performing necessary work are allowable provided that the other payments are reasonable compensation for the work performed and are conditioned explicitly upon the performance of necessary work. Also, note that tuition has its own category below and that health insurance, if provided, is to be included under fringe benefits.)

Click or tap here to enter text.

**Salaries and Wages for Others.** Provide personnel, title/position, estimated hours and the rate of compensation proposed for each individual.

Click or tap here to enter text.

**Fringe Benefits for PIs.** Provide the overall fringe benefit rate applicable to each category of employee proposed in the projects. Note: include health insurance here, if applicable.

Click or tap here to enter text.

**Fringe Benefits for Graduate Students.** Provide the overall fringe benefit rate applicable to each category of employee proposed in the projects. Note: include health insurance here, if applicable.

Click or tap here to enter text.

**Fringe Benefits for Undergraduate Students.** Provide the overall fringe benefit rate applicable to each category of employee proposed in the projects. Note: include health insurance here, if applicable.

Click or tap here to enter text.

**Fringe Benefits for Others.** Provide the overall fringe benefit rate applicable to each category of employee proposed in the projects. Note: include health insurance here, if applicable.

Click or tap here to enter text.

**Tuition for Graduate Students.** Provide time & amount. In-state or Out-of-state tuition?

Click or tap here to enter text.

**Tuition for Undergraduate Students.** Provide time & amount. In-state or Out-of-state tuition?

Click or tap here to enter text.

**Supplies.** Indicate separately the amounts proposed for laboratory and field supplies followed by a breakdown of the supplies in each category.

Click or tap here to enter text.

**Equipment.** Identify non-expendable personal property having a useful life of more than one (1) year and an acquisition cost of more than $5,000 per unit. If fabrication of equipment is proposed, list parts and materials required for each, and show costs separately from the other items. A detailed breakdown is required.

Click or tap here to enter text.

**Services or Consultants.** Identify the specific tasks for which these services, consultants, or subcontracts would be used. Provide a detailed breakdown of the services or consultants to include personnel, time, salary, supplies, travel, etc. A breakdown is required for each cost.

Click or tap here to enter text.

**Travel.** Provide purpose and estimated cost for all travel. A breakdown should be provided to include location, number of personnel, number of days, per diem rate, lodging rate, mileage and mileage rate, airfare (whatever is applicable).

Click or tap here to enter text.

**Other Direct Costs.** Itemize costs not included elsewhere, including publication costs. Costs for services and consultants should be included and justified under “Services or Consultants” (above). Please provide a detailed breakdown for costs listed under this category.

Click or tap here to enter text.

**Indirect Costs.** Provide negotiated indirect (“Facilities and Administration”) cost rate. If indirect costs are provided, please include a copy of your current Indirect Cost Rate Agreement so the rate can be verified.

Click or tap here to enter text.