

Budget

Period:1

Project Director

Prefix

* First Name

Middle Name

* Last Name

Suffix

* Applicant Organization

* Requested Grant Period From:08/13/1967

* Requested Grant Period Thru:08/13/1967

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

The three-column budget has been developed for the convenience of those applicants who wish to identify the project costs that will be charged to Federal funds and those that will be cost shared. The method of cost computation should clearly indicate how the total charge for each budget item was determined.

SECTION A

* Budget detail for the period from:08/13/1967

* Thru:08/13/1967

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

1. Salaries and Wages

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) (\$)
	0		0.00	0.00	0.00
SUBTOTALS			0.00	0.00	0.00

Budget

Period:1

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) (\$)
0.0	% of	0.00	0.00	0.00	0.00
	% of				
	% of				
SUBTOTALS			0.00	0.00	0.00

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) (\$)
	0	0.00	0.00	0.00	0.00
SUBTOTALS			0.00	0.00	0.00

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) (\$)
	0	0	0.00	0.00	0.00	0.00	0.00

Period:1

Include consumable supplies, materials to be used in the project and items of expendable equipment (i.e., equipment items costing less than \$5,000 and with an estimated useful life of less than a year).

6. Services

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.

OMB Approval No. 3095-0013
Expiration Date: 11-30-05
NA Form 17001 (Rev. 1-93)

OMB Number: 3136-0134
Expiration Date: 6/30/06

Period:1

Include participant stipends and room and board, equipment purchases of \$5,000 or more per unit, training costs and registration fees, and other items not previously listed. Please note that "miscellaneous" and "contingency" are not acceptable budget categories. Refer to the budget instructions for the restriction on the purchase of permanent equipment.

8. Total Direct Costs

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

Budget

Period:1

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" value="0.0"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
<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" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

* 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" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
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OMB Approval No. 3095-0013

Expiration Date: 11-30-05

NA Form 17001 (Rev. 1-93)

OMB Number: 3136-0134

Expiration Date: 6/30/06

Budget

Period:3

Project Director

Prefix

* First Name

Middle Name

* Last Name

Suffix

* Applicant Organization

* Requested Grant Period From:08/13/1967

* Requested Grant Period Thru:08/13/1967

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

The three-column budget has been developed for the convenience of those applicants who wish to identify the project costs that will be charged to Federal funds and those that will be cost shared. The method of cost computation should clearly indicate how the total charge for each budget item was determined.

SECTION A

* Budget detail for the period from:08/13/1967

* Thru:08/13/1967

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

1. Salaries and Wages

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) (\$)
	0		0.00	0.00	0.00
SUBTOTALS			0.00	0.00	0.00

Budget

Period:3

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) (\$)
0.0	% of	0.00	0.00	0.00	0.00
	% of				
	% of				
SUBTOTALS			0.00	0.00	0.00

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) (\$)
	0	0.00	0.00	0.00	0.00
SUBTOTALS			0.00	0.00	0.00

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) (\$)	
	0	0	0.00	0.00	0.00	0.00	0.00	
# = number of persons * = total travel days					SUBTOTALS	0.00	0.00	0.00

Period:3

Include consumable supplies, materials to be used in the project and items of expendable equipment (i.e., equipment items costing less than \$5,000 and with an estimated useful life of less than a year).

6. Services

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.

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Total Direct Costs (Add Subtotals of Items 1 to 7) Grant Funds	0.00	0.00	0.00
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OMB Number: 3136-0134
Expiration Date: 6/30/06

Budget

Period:3

9. Indirect Costs

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- ☐ 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 08/13/1967

Item B.

* Rate (%)	* Base(s) (\$)	Grant Funds (a) (\$)	Cost Sharing (b) (\$)	Total (c) (\$)
0.0	0.00	0.00	0.00	0.00
* SUBTOTALS		0.00	0.00	0.00

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

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

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

10. Total Project Costs

0.000.000.00

(Direct and Indirect) for budget period.

Budget

Period:1

Project Director

Prefix

* First Name

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* Last Name

Suffix

* Applicant Organization

* Requested Grant Period From:08/13/1967

* Requested Grant Period Thru:08/13/1967

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SECTION A

* Budget detail for the period from:08/13/1967

* Thru:08/13/1967

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

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SUBTOTALS			0.00	0.00	0.00

Budget

Period:1

2. Fringe Benefits

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* Rate		* Salary Base (\$)	Grant Funds (a) (\$)	Cost Sharing (b) (\$)	Total (c) (\$)
0.0	% of	0.00	0.00	0.00	0.00
	% of				
	% of				
SUBTOTALS			0.00	0.00	0.00

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) (\$)
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	0	0	0.00	0.00	0.00	0.00	0.00
SUBTOTALS			0.00	0.00	0.00	0.00	0.00

= number of persons * = total travel days

Period:1

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6. Services

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Budget

Period:1

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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" value="0.0"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
<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" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>

* 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" value="0.00"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
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Expiration Date: 6/30/06

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 08/13/1967	* Second Year From 08/13/1967	* Third Year From 08/13/1967	
	* First Year Thru 08/13/1967	* Second Year Thru 08/13/1967	* Third Year Thru 08/13/1967	TOTAL COSTS FOR EN- TIRE GRANT PERIOD
* 1. Salaries and Wages (\$)	0.00	0.00	0.00	0.00
* 2. Fringe Benefits (\$)	0.00	0.00	0.00	0.00
* 3. Consultant Fees (\$)	0.00	0.00	0.00	0.00
* 4. Travel (\$)	0.00	0.00	0.00	0.00
* 5. Supplies and Materials (\$)	0.00	0.00	0.00	0.00
* 6. Services (\$)	0.00	0.00	0.00	0.00
* 7. Other Costs (\$)	0.00	0.00	0.00	0.00
* 8. Total Direct Costs (Items 1-7) (\$)	0.00	0.00	0.00	0.00
* 9. Indirect Costs (\$)	0.00	0.00	0.00	0.00
* Total Project Costs (Direct & Indirect) (\$)	0.00	0.00	0.00	0.00

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 (\$)	0.00
Federal Matching (\$)	0.00
Total Funding (\$)	0.00

* 2. Cost Sharing

Applicant's Contributions (\$)	0.00
Third-Party Contributions (\$)	0.00
Project Income (\$)	0.00
Other Federal Agencies (\$)	0.00
TOTAL COST SHARING (\$)	0.00
3. TOTAL PROJECT FUNDING (Total Federal Funding + Total Cost Sharing)	0.00

Additional Budget Information

Attachments

BudgetAttachment_attDataGroup0

File Name

Mime Type