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| **DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY** | FROM | THROUGH |

Enter Dollar Amounts Requested *(omit cents)* for Salary Requested and Fringe Benefits

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME | ROLE ON PROJECT | Cal. Mnths | Acad. Mnths | Summer Mnths | INST.BASE SALARY | SALARY REQUESTED | FRINGE BENEFITS | TOTAL |
|  | PD/PI |  |  |  |  |  |  |  |
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| **SUBTOTALS** |  |  |  |
| CONSULTANT COSTS |  |
| EQUIPMENT *(Itemize)* |  |
| SUPPLIES *(Itemize by category)* |  |
| TRAVEL |  |
| INPATIENT CARE COSTS |  |
| OUTPATIENT CARE COSTS |  |
| ALTERATIONS AND RENOVATIONS *(Itemize by category)* |  |
| OTHER EXPENSES *(Itemize by category)* |  |
| CONSORTIUM/CONTRACTUAL COSTS | DIRECT COSTS |  |
| **SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD** *(Item 7a, Face Page)* | **$** |
| CONSORTIUM/CONTRACTUAL COSTS | FACILITIES AND ADMINISTRATIVE COSTS |  |
| **TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD** | **$** |