

FORM F

PRINCIPAL INVESTIGATOR/TEAM COORDINATOR:

DETAILED BUDGET FOR 12-MONTH BUDGET PERIOD DIRECT COSTS ONLY		FROM		THROUGH	
Duplicate this form for each year of grant support requested					
PERSONNEL (Applicant Organization Only)		FUNDING AMOUNT REQUESTED			
NAME	ROLE IN PROJECT	EFFORT ON PROJECT	SALARY	FRINGE BENEFITS	TOTALS
	Principal Investigator/Team Coordinator				
SUBTOTALS →					
SUBCONTRACTS					
CONSULTANT COSTS					
EQUIPMENT (Itemize, use additional sheet if needed)					
SUPPLIES (Itemize by category, use additional sheet if needed)					
TRAVEL	DOMESTIC				
	NON-DOMESTIC				
OTHER EXPENSES (Itemize by category, use additional sheet if needed)					
TOTAL DIRECT COSTS FOR FIRST 12-MONTH BUDGET PERIOD					
INDIRECT COSTS FOR FIRST 12-MONTH BUDGET PERIOD					
TOTAL COST FOR FIRST 12-MONTH BUDGET PERIOD					