## PROPOSAL BUDGET WORKSHEET

| Today's Date:   |   |                  |  |  |  |  |
|---|---|------------------|--|--|--|--|
| Name of P.I.:   | Name of Co-P.I  Dept:   |                  |  |  |  |  |
| Direct Cost Limit (if any):   | Total Cost Limit (if any):  |                  |  |  |  |  |
| Is Cost Sharing Involved/Required? Yes No   | Will it be requested from outside the dept<br>Please see Dept. Head as soon as possible | Yes No           |  |  |  |  |
| Funding Agency(please be as specific as possible):  |   |                  |  |  |  |  |
| (if NIH, does it need to go Modular?)  Yes No   | Unsure  |                  |  |  |  |  |
| RFP/Q # Program N   | Name:   |                  |  |  |  |  |
| Project Period:   | Proposals typically   | begin on the 1st |  |  |  |  |
| Number of Years Funding Requested:  | of any given month  |                  |  |  |  |  |
| Type of activity being conducted: Research Instruction Other Sponsored Program Fellowship                           |   |                  |  |  |  |  |
| If F&A rate is different than University Approved, please indicate that here:                                       |   |                  |  |  |  |  |
|   |   |                  |  |  |  |  |
| Are Regulatory approvals required? Human Subje Information regarding these policies is located at http://www.purdue |   | DNA<br>n.html    |  |  |  |  |
| Date Proposal is Due at the Agency <i>please circle on</i>  | ne (postmark/receipt)   |                  |  |  |  |  |
| Proposal Title  |   |                  |  |  |  |  |
| I. PERSONNEL:   | NAME  | % EFFORT         |  |  |  |  |
| A) Principal Investigator:  |   |                  |  |  |  |  |
| % of academic year salary   |   |                  |  |  |  |  |
| budgeted to project: % of academic year effort  |   |                  |  |  |  |  |
| devoted to project, but not budgeted:   |   |                  |  |  |  |  |
| Number of months Summer Salary: Responsible Dept & contact: (if submitted elsewhere)                                |   |                  |  |  |  |  |
| B) Other Faculty (Co-PI):   |   |                  |  |  |  |  |
| C) Administrative/Technical:  |   |                  |  |  |  |  |
| D) Graduate Students:   |   |                  |  |  |  |  |
| Number requested: AY or FY (circle one) Rate of pay:  |   |                  |  |  |  |  |

<sup>\*\*</sup>internal budget codes

| E)  |   | e Remit (0082<br>ffice calculates) | 70):       |                 |                    |             |       |                      |
|---|---|------------------------------------|------------|-----------------|--------------------|-------------|-------|----------------------|
| F)  |   | urance (00828<br>ffice calculates) |            | e indicate if a | another appt is    | held elsev  | where |                      |
| G)  | Service:<br>(Clerical   | staff cannot b                     | e charged  | to federal pro  | ojects)            |             |       |                      |
| H)  | H) Bi-Weekly Student Labor: Number requested: Period & number of hours:                       |                                    |            |                 |                    |             |       |                      |
| II.   | II. CAPITAL EQUIPMENT ( ITEMS COSTING OVER \$2,500)   |                                    |            |                 |                    |             |       |                      |
| A)  | A) Scientific (008510**): Example; microscopes: (Purchase or build? If fabricating see below) |                                    |            |                 |                    |             |       |                      |
|   | Descripti   | on Estima                          | ated Cost  | per Year        |                    |             |       |                      |
|   |   |                                    |            |                 |                    |             |       |                      |
| B)  | General   | Purpose (008                       | 530**) Ex  | ample; comp     | uter equipment o   | over \$2500 | ):    |                      |
|   | Descripti   | on Estima                          | ated Cost  | per Year        |                    |             |       |                      |
|   |   |                                    |            |                 |                    |             |       |                      |
| Fabricated Equipment (008540) Will charge f&a for individual parts if <\$2500. All parts when combined will be Capital Equip. |   |                                    |            |                 |                    |             |       |                      |
|   |   |                                    |            |                 |                    |             |       |                      |
| III.  | TRAVE   | L COSTS:                           |            |                 |                    |             |       |                      |
| A)  | Travel-De<br>Destinati  |                                    | 130) or Fo | reign (008431   | l)<br>No. of Emplo | oyees       | Est   | imated Cost per Year |
|   |   |                                    |            |                 |                    |             |       |                      |
| IV. OTHER COSTS:  |   |                                    |            |                 |                    |             |       |                      |
|   | A) Communications (008420) per Year:<br>Long  |                                    |            |                 |                    |             |       |                      |
|   | stance  |                                    |            | Postage         |                    |             |       |                      |

<sup>\*\*</sup>internal budget codes

|      | Consultants (008410) per Yea rt term is <15 days, long term is >15 days                   |                    |         |                   |             |          |
|------|---|--------------------|---------|-------------------|-------------|----------|
| 0//0 | Name  | Daily Rate         |         | No. of Days       |             | Expenses |
|      |   |                    |         |                   |             |          |
|      |   |                    |         |                   |             |          |
| C)   | Expendable Equipment (0084-<br>per Year:  | 45) under \$2,500  | Exam    | ole: Computer, so | oftware/ha  | ırdv     |
| D)   | Human Subject Payments (00  | 8498) per Year:    |         |                   |             |          |
| E)   | E) Participant Costs (008997) per Yea   |                    |         |                   |             |          |
| F)   | F) Other Supplies & Expenses (008499) Example: Lab supplies, rats, etc. per Year:         |                    |         |                   |             |          |
| G)   | Printing & Duplication (008435  | 5) per Year:       |         |                   |             |          |
| H)   | Rental PropertySpace (0089  | 97) per Year:      |         |                   |             |          |
| V.   | Does the proposal involve a subcontract, before submitting Business Manager or equivalent | g our proposal. Al | so, giv | e the name and o  | contact inf |          |
|      | Notes:  |                    |         |                   |             |          |
|      |   |                    |         |                   |             |          |
|      |   |                    |         |                   |             |          |
|      |   |                    |         |                   |             |          |
|      |   |                    |         |                   |             |          |
|      |   |                    |         |                   |             |          |
|      |   |                    |         |                   |             |          |

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