# CRDF,

# CITRUS ADVANCED TECHNOLOGY PROGRAM

# FULL PROPOSAL COVER PAGE AND BUDGET: Page 1 of 5

Project Type	Discipline	Biohazard Regs	Today's Date
		Yes No	
Project Title	I		
.,			
Principal Investigator		Project #	
Email		Phone	
Organization		Co-PIs and Collaborators	
Address			
<b>DURATION &amp; FIN</b>	IANCIAL SUMMARY	FOR OFFICE (CRDF) USE O	NLY
Project Duration (ye	ars)		
Total Funds Reques	ted (all years)		
Year 1 Funding Requ	IAST		
ABSTRACT (app	rox. 500 words; content must	fit in box below, without scrolling)	
			,

## FULL PROPOSAL COVER PAGE AND BUDGET: Page 2 of 5

**Cumulative Budget (All Years)** The Budget is contained in pages 2-5 of this 5-page form. This page automatically populates with the calculations of the cumulative budget for all years from the data entered on the following pages 3, 4 and 5 for each individual year of the project.

ind	lividual year of the project.						
1 PRINCIPAL INVESTIGATOR				TOTAL ALL YEARS			
2	PROJECT TITLE						
3	SALARIES						
4		FTEs1	AMOUNT 2	FRINGE <sup>3</sup>		INSURANCE 4	TOTAL
5	FACULTY						
6	POST DOC						
7	STAFF						
8	PART-TIME OPS <sup>5</sup>						
9	SUBTOTAL						
1					10	TOTAL SALARIES	
'FTI	Es Full-time equivalents.						
<sup>2</sup> An	nount Dollar amount (\$US)	of item listed.			11	EXPENSES	
<sup>3</sup> Fri	nge Vacation, sick days and	d related fringe expe	nses.		12	MATERIALS 6	
<sup>4</sup> Ins	surance Health insurance, e	etc.			13	TRAVEL (domestic)	
	rt-Time (OPS) Other Person	nnel Services. Tuition	waivers should be in	ıcluded	14	TRAVEL (foreign)	
in '	"other direct".				15	PUBLICATIONS 7	
<sup>6</sup> Ma	aterials Materials and supp	lies required for the p	project.		16	COMPUTERS	
<sup>7</sup> Pu	<b>blications</b> Page and other	costs from publishing	this research.		17	SUBCONTRACTS 8	
	bcontracts This item include	•			18	OTHER DIRECT	
Fo	ocontracted institutions or fi rm SC-19 needs to be com	pleted for each subc		dget	19	TOTAL EXPENSES	
ad	additional instructions on subsequent pages.						

FOR CRDF USE ONLY

<sup>9</sup> **Total Direct** This is the total direct funds you are requesting from the

program for the duration of the project. This value will be calculated

automatically from data entered into the form.

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**EQUIPMENT** 

**TOTAL DIRECT 9** 

## FULL PROPOSAL COVER PAGE AND BUDGET: Page 3 of 5



**First Year Budget** Enter information for year 1 of your project as indicated. Information from this page automatically populates the cumulative budget on the second page.

budget on the second page.						
1	PRINCIPAL INVESTIGATOR				TOTAL YEAR 1 OF 3	
2	PROJECT TITLE					
3	SALARIES					
4		FTEs <sup>1</sup>	AMOUNT <sup>2</sup>	FRINGE <sup>3</sup>	INSURANCE 4	TOTAL
5	FACULTY					
6	POST DOC					
7	CTAFF					
,	STAFF					
8	PART-TIME OPS <sup>5</sup>					

<sup>&</sup>lt;sup>1</sup> **FTEs** Full-time equivalents.

11	EXPENSES
12	MATERIALS 6
13	TRAVEL (domestic)
14	TRAVEL (foreign)
15	PUBLICATIONS 7
16	COMPUTERS
17	SUBCONTRACTS 8
18	OTHER DIRECT
19	TOTAL EXPENSES

20	EQUIPMENT	
21	TOTAL DIRECT 9	

#### FOR CRDF USE ONLY

<sup>&</sup>lt;sup>2</sup> **Amount** Dollar amount (\$US) of item listed.

<sup>&</sup>lt;sup>3</sup> **Fringe** Vacation, sick days and related fringe expenses.

<sup>&</sup>lt;sup>4</sup> **Insurance** Health insurance, etc.

<sup>&</sup>lt;sup>5</sup> **Part-Time (OPS)** Other Personnel Services. Tuition waivers should be included in "other direct".

<sup>&</sup>lt;sup>6</sup> **Materials** Materials and supplies required for the project.

<sup>&</sup>lt;sup>7</sup> **Publications** Page and other costs from publishing this research.

Subcontracts This item includes total wages and other costs for all subcontracted institutions or firms. Note that a separate Subcontract Budget Form SC-19 needs to be completed for each subcontracted firm. ENTER THE TOTAL OF YEAR 1 FROM ALL SC-19s FOR THE PROJECT IN THE SUBCONTRACTS FIELD.

<sup>&</sup>lt;sup>9</sup> Total Direct This is the total direct funds you are requesting from the program for the first year of the project. This value will be calculated automatically from data entered into this page.

## FULL PROPOSAL COVER PAGE AND BUDGET: Page 4 of 5



**Second Year Budget (complete if applicable)** Enter information for year 2 of your project as indicated. Information from this page automatically populates the cumulative budget on the second page.

	automatically populates the cumulative budget on the second page.							
	1	PRINCIPAL INVESTIGATOR				TOTAL YEAR 2 OF 3		
	2	PROJECT TITLE						
ĺ	3 SALARIES							
	4		FTEs <sup>1</sup>	AMOUNT <sup>2</sup>	FRINGE <sup>3</sup>		INSURANCE 4	TOTAL
	5	FACULTY						
	6	POST DOC						
	7	STAFF						
	8	PART-TIME OPS <sup>5</sup>						
	9	SUBTOTAL						
	10 TOTAL SALARIES  1 FTEs Full-time equivalents.  2 Amount Dollar amount (\$US) of item listed.  11 EXPENSES							
		<b>ge</b> Vacation, sick days and		ncoc		12	MATERIALS 6	
		rance Health insurance, e		nses.		13	TRAVEL (domestic)	
į		:-Time (OPS) Other Person	nnel Services. Tuition	waivers should be ir	ncluded	14	TRAVEL (foreign)	
		ther direct".				15	PUBLICATIONS 7	
(	6 Mat	erials Materials and supp	lies required for the p	oroject.		16	COMPUTERS	
7	<sup>7</sup> Pub	lications Page and other	costs from publishing	this research.		17	SUBCONTRACTS 8	
8		contracts This item includ	-			18	OTHER DIRECT	
	nee	contracted institutions or fi ds to be completed for ea	ach subcontracted f	firm. ENTER THE T	OTAL OF YEAR	19	TOTAL EXPENSES	
	2 FF	ROM ALL SC-19s FOR T	THE PROJECT IN T	HE SUBCONTRAC	CTS FIELD.			

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 $^{\rm 9}$  Total Direct  $\,$  This is the total direct funds you are requesting from the

automatically from data entered into the form.

program for the second year of the project. This value will be calculated

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**EQUIPMENT** 

**TOTAL DIRECT 9** 

## FULL PROPOSAL COVER PAGE AND BUDGET: Page 5 of 5

Third Year Budget (complete if applicable) Enter information for year 3 of your project as indicated. Information from this page automatically nonulates the cumulative hudget on the second nage

рорі	diates the cumulative budg	unve budget on the second page.					
1	PRINCIPAL INVESTIGATOR					TOTAL YEAR 3 OF 3	
2	PROJECT TITLE						
3	SALARIES						
4		FTEs <sup>1</sup>	AMOUNT <sup>2</sup>	FRINGE <sup>3</sup>		INSURANCE 4	TOTAL
5	FACULTY						
6	POST DOC						
7	STAFF						
8	PART-TIME OPS 5						
9	SUBTOTAL						
					10	TOTAL SALARIES	
FTE:	Full-time equivalents.						

11	EXPENSES
12	MATERIALS 6
13	TRAVEL (domestic)
14	TRAVEL (foreign)
15	PUBLICATIONS 7
16	COMPUTERS
17	SUBCONTRACTS 8
18	OTHER DIRECT
19	TOTAL EXPENSES

20	EQUIPMENT	
21	TOTAL DIRECT 9	

#### FOR CRDF USE ONLY

<sup>&</sup>lt;sup>2</sup> **Amount** Dollar amount (\$US) of item listed.

<sup>&</sup>lt;sup>3</sup> **Fringe** Vacation, sick days and related fringe expenses.

<sup>&</sup>lt;sup>4</sup> **Insurance** Health insurance, etc.

<sup>&</sup>lt;sup>5</sup> Part-Time (OPS) Other Personnel Services. Tuition waivers should be included in "other direct".

<sup>&</sup>lt;sup>6</sup> **Materials** Materials and supplies required for the project.

<sup>&</sup>lt;sup>7</sup> **Publications** Page and other costs from publishing this research.

<sup>&</sup>lt;sup>8</sup> **Subcontracts** This item includes total wages and other costs for all subcontracted institutions or firms. Note that a separate Subcontract Budget Form SC-19 needs to be completed for each subcontracted firm. ENTER THE TOTAL OF YEAR 3 FROM ALL SC-19s FOR THE PROJECT IN THE SUBCONTRACTS

<sup>&</sup>lt;sup>9</sup> **Total Direct** This is the total direct funds you are requesting from the program for the current year (not for the entire duration). This value will be calculated automatically from data entered into the form.