

# CITRUS ADVANCED TECHNOLOGY PROGRAM



## SUBCONTRACT BUDGET: Page 1 of 4

**Cumulative Budget (All Years)** The Subcontract Budget is a 4-page form. Page 1 automatically populates with the calculations of the cumulative budget for all years from the data entered on each of the following pages for individual years.

1	PRINCIPLE INVESTIGATOR		TOTAL ALL YEARS	
	SUBCONTRACTOR NAME		PROJECT #	
2	PROJECT TITLE			

3	SALARIES					
4		FTEs <sup>1</sup>	AMOUNT <sup>2</sup>	FRINGE <sup>3</sup>	INSURANCE <sup>4</sup>	TOTAL
5	FACULTY					
6	POST DOC					
7	STAFF					
8	PART-TIME OPS <sup>5</sup>					
9	SUBTOTAL					
10	TOTAL SALARIES					

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

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

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

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

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

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

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

<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. Access this form in the Forms Menu or through the link in the instructions.

<sup>9</sup> **Total Direct** This is the total direct funds you are requesting for this subcontract for the entire duration of the project. This value will be calculated automatically from data entered into pages 2, 3, and 4 of this form.

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

20	EQUIPMENT	
21	TOTAL DIRECT <sup>9</sup>	

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## SUBCONTRACT BUDGET: Page 2 of 4



**First Year Budget** Enter subcontract information for the first year of your project as indicated. Information from this page automatically populates the first page.

1	PRINCIPLE INVESTIGATOR				TOTAL YEAR 1 OF 3	
	SUBCONTRACTOR NAME				PROJECT #	
2	PROJECT TITLE					

3	SALARIES					
4		FTEs <sup>1</sup>	AMOUNT <sup>2</sup>	FRINGE <sup>3</sup>	INSURANCE <sup>4</sup>	TOTAL
5	FACULTY					
6	POST DOC					
7	STAFF					
8	PART-TIME OPS <sup>5</sup>					
9	SUBTOTAL					
10	TOTAL SALARIES					

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

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

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

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

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

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

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

<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.

<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 the form.

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

20	EQUIPMENT	
21	TOTAL DIRECT <sup>9</sup>	

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**SUBCONTRACT BUDGET:** Page 3 of 4



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

1	PRINCIPLE INVESTIGATOR				TOTAL YEAR 2 OF 3	
	SUBCONTRACTOR NAME				PROJECT #	
2	PROJECT TITLE					

3	SALARIES					
4		FTEs <sup>1</sup>	AMOUNT <sup>2</sup>	FRINGE <sup>3</sup>	INSURANCE <sup>4</sup>	TOTAL
5	FACULTY					
6	POST DOC					
7	STAFF					
8	PART-TIME OPS <sup>5</sup>					
9	SUBTOTAL					
10	TOTAL SALARIES					

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

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

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

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

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

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

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

<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.

<sup>9</sup> **Total Direct** This is the total direct funds you are requesting from the program for the second year of the project. This value will be calculated automatically from data entered into the form.

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

20	EQUIPMENT	
21	TOTAL DIRECT <sup>9</sup>	

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**SUBCONTRACT BUDGET:** Page 4 of 4



**Third Year Budget (complete if applicable)** Enter subcontract information for the third year of your project as indicated. Information from this page automatically populates the first page.

1	PRINCIPLE INVESTIGATOR				TOTAL YEAR 3 OF 3	
	SUBCONTRACTOR NAME				PROJECT #	
2	PROJECT TITLE					

3	<b>SALARIES</b>					
4		FTEs <sup>1</sup>	AMOUNT <sup>2</sup>	FRINGE <sup>3</sup>	INSURANCE <sup>4</sup>	TOTAL
5	FACULTY					
6	POST DOC					
7	STAFF					
8	PART-TIME OPS <sup>5</sup>					
9	SUBTOTAL					
					10	TOTAL SALARIES

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

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

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

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

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

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

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

<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.

<sup>9</sup> **Total Direct** This is the total direct funds you are requesting from the program for the third year of the project. This value will be calculated automatically from data entered into the form.

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

20	EQUIPMENT	
21	TOTAL DIRECT <sup>9</sup>	

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