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	l		
Principal Investigator		Project #	
Email		Phone	
Organization		Co-PIs and Collaborators	
Address			
DURATION & FINA	NCIAL SUMMARY	FOR OFFICE (CRDF) USE O	NLY
Project Duration (years	5)	<u></u>	
Total Funds Requested	d (all years)		
Year 1 Funding Reques	st		
ABSTRACT (appro	ox. 500 words: content must	fit in box below, without scrolling)	
riberialer (appre	and the moral of the man	The in total below, walking the sea of the s	

FULL PROPOSAL COVER PAGE AND BUDGET: Page 2 of 5

⁹ **Total Direct** This is the total direct funds you are requesting from

the program for the duration of the project. This value is calculated automatically from data entered on pages 3, 4 and

5. Indirect costs are not permitted in the budget.



Cumulative Budget (All Years) This page <u>populates automatically</u> 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.

	1	PRINCIPAL INVESTIGATOR	TOTAL ALL YEARS					
	2	PROJECT TITLE						
	3	SALARIES						
	4		FTEs 1	AMOUNT ²	FRINGE ³		INSURANCE 4	TOTAL
	5	FACULTY						
	6	POST DOC						
	7	STAFF						
	8	PART-TIME OPS ⁵						
	9	SUBTOTAL						
	¹ FTEs Full-time equivalents. ² Amount Dollar amount (\$US) of item listed. 10 TOTAL SALARIES 11 EXPENSES							
						MATERIALS 6		
⁴ Insurance Health insurance, etc.					13	TRAVEL (domestic)		
⁵ Part-Time (OPS) Other Personnel Services. Tuition waivers should be included					cluded	14	TRAVEL (foreign)	
	in "c	other direct".				15	PUBLICATIONS 7	
⁶ Materials Materials and supplies required for the project.					16	COMPUTERS		
⁷ Publications Page and other costs from publishing this research.					17	SUBCONTRACTS 8		
8	⁸ Subcontracts This item includes total wages and other costs for all					18	OTHER DIRECT	
	subcontracted institutions or firms. Note that a separate Subcontract Budget Form SC-24 needs to be completed for each subcontracted firm.					19	TOTAL EXPENSES	
		additional instructions						

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21

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.

1	PRINCIPAL INVESTIGATOR				TOT	AL YEAR 1 OF 3	
2	PROJECT TITLE						
3	3 SALARIES						
4		FTEs ¹	AMOUNT ²	FRINGE ³		INSURANCE 4	TOTAL
5	FACULTY						
6	POST DOC						
7	STAFF						
8	PART-TIME OPS ⁵						
9	SUBTOTAL						
				10	TOTAL SALARIES		
¹ FTE	¹ FTEs Full-time equivalents.						
² Am	ount Dollar amount (\$US)		11	EXPENSES			
³ Fri	³ Fringe Vacation, sick days and related fringe expenses.					MATERIALS 6	
CIII	ringe vacation, sick days and related fininge expenses.					TDAVEL	

⁴ **Insurance** Health insurance, etc.

in "other direct".

⁵ Part-Time (OPS) Other Personnel Services. Tuition waivers should be included

20	EQUIPMENT	
21	TOTAL DIRECT 9	

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⁶ **Materials** Materials and supplies required for the project.

⁷ **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-24 must be completed for each subcontracted firm. ENTER THE TOTAL OF YEAR 1 FROM ALL SC-24s FOR THE PROJECT IN THE SUBCONTRACTS FIELD.

⁹ **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 in the lines above on this page. Indirect costs are not permitted in the budget.

FULL PROPOSAL COVER PAGE AND BUDGET: Page 4 of 5

⁹ **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 in the lines above on

this page. Indirect costs are not permitted in the budget.



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.

		· ·	, 3				
1	PRINCIPAL INVESTIGATOR				TOTAL YEAR 2 OF 3		
2	PROJECT TITLE						
3	SALARIES						
4		FTEs ¹	AMOUNT ²	FRINGE ³		INSURANCE 4	TOTAL
5	FACULTY						
6	POST DOC						
7	STAFF						
8	PART-TIME OPS ⁵						
9	SUBTOTAL						
¹ FT	Es Full-time equivalents.				10	TOTAL SALARIES	
	nount Dollar amount (\$US)	of item listed.			11	EXPENSES	
12 MATERIALS 6							
 Fringe Vacation, sick days and related fringe expenses. Insurance Health insurance, etc. 						TRAVEL (domestic)	
	rt-Time (OPS) Other Person	nnel Services. Tuition	waivers should be inc	cluded	14	TRAVEL (foreign)	
in '	"other direct".				15	PUBLICATIONS 7	
⁶ Materials Materials and supplies required for the project.					16	COMPUTERS	
⁷ Publications Page and other costs from publishing this research.					17	SUBCONTRACTS 8	
	⁸ Subcontracts This item includes total wages and other costs for all					OTHER DIRECT	
SC	ocontracted institutions or fi C-24 must be completed fo EAR 2 FROM ALL SC-24s	19	TOTAL EXPENSES				

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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 populates the cumulative budget on the second page.

	1	PRINCIPAL INVESTIGATOR			TOT	AL YEAR 3 OF 3		
	2	PROJECT TITLE						
	3	SALARIES						
	4		FTEs 1	AMOUNT ²	FRINGE ³		INSURANCE 4	TOTAL
	5	FACULTY						
	6	POST DOC						
	7	STAFF						
	8	PART-TIME OPS 5						
	9	SUBTOTAL						
					10	TOTAL SALARIES		
1	¹ FTEs Full-time equivalents.							
2	Amo	ount Dollar amount (\$US)	of item listed.			11	EXPENSES	
3	³ Fringe Vacation, sick days and related fringe expenses.					12	MATERIALS 6	
	⁴ Insurance Health insurance, etc.					13	TRAVEL (domestic)	
	⁵ Part-Time (OPS) Other Personnel Services. Tuition waivers should be included						TRAVEL (foreign)	
	in "other direct".					15	PUBLICATIONS 7	

⁹ **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 in the lines above on this page. Indirect costs are not permitted in the budget.

⁶ **Materials** Materials and supplies required for the project.

⁷ **Publications** Page and other costs from publishing this research.

⁸ **Subcontracts** This item includes total wages and other costs for all

subcontracted institutions or firms. Note that a separate Subcontract Budget Form

SC-24 must be completed for each subcontracted firm. ENTER THE TOTAL OF YEAR 3 FROM ALL SC-24s FOR THE PROJECT IN THE SUBCONTRACTS

20	EQUIPMENT	
21	TOTAL DIRECT 9	

COMPUTERS

SUBCONTRACTS⁸

TOTAL EXPENSES

OTHER DIRECT

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17

18

19

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