

CITRUS ADVANCED TECHNOLOGY PROGRAM

FULL PROPOSAL COVER PAGE AND BUDGET: Page 1 of 5



Project Type	Discipline	Biohazard Regs ☐ Yes ☐ No	Today's Date
Project Title			
Principal Investigator		Project #	
Email		Phone	
Organization		Co-PIs and Collaborators	
Address			

DURATION & FINANCIAL SUMMARY

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Project Duration (years)

Total Funds Requested (all years)

Year 1 Funding Request

ABSTRACT (approx. 500 words; content must fit in box below, without scrolling)

CITRUS ADVANCED TECHNOLOGY PROGRAM

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Cumulative Budget (All Years) This page populates automatically 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						
10	TOTAL SALARIES						

¹ **FTEs** Full-time equivalents.

² **Amount** Dollar amount (\$US) of item listed.

³ **Fringe** Vacation, sick days and related fringe expenses.

⁴ **Insurance** Health insurance, etc.

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

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-25 needs to be completed for each subcontracted firm. **See additional instructions on subsequent pages.**

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.

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	

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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						TOTAL YEAR 1 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 **FTEs** Full-time equivalents.

² **Amount** Dollar amount (\$US) of item listed.

³ **Fringe** Vacation, sick days and related fringe expenses.

⁴ **Insurance** Health insurance, etc.

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

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-25 must be completed for each subcontracted firm. ENTER THE TOTAL OF YEAR 1 FROM ALL SC-25s 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.

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	

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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.

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							
10	TOTAL SALARIES							

¹ **FTEs** Full-time equivalents.

² **Amount** Dollar amount (\$US) of item listed.

³ **Fringe** Vacation, sick days and related fringe expenses.

⁴ **Insurance** Health insurance, etc.

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

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-25 must be completed for each subcontracted firm. ENTER THE TOTAL OF YEAR 2 FROM ALL SC-25s 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.

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	

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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						TOTAL 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 **FTEs** Full-time equivalents.

² **Amount** Dollar amount (\$US) of item listed.

³ **Fringe** Vacation, sick days and related fringe expenses.

⁴ **Insurance** Health insurance, etc.

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

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-25 must be completed for each subcontracted firm. ENTER THE TOTAL OF YEAR 3 FROM ALL SC-25s 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.

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

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