NDARION, INC.

CITRUS ADVANCED TECHNOLOGY PROGRAM

FULL PROPOSAL COVER PAGE AND BUDGET: Page 1 of 5

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CRI	DF,

Project Type	Discipline	Biohazard Regs	Today's Date
		Yes No	
Project Title			
District to the second		Ducio et #	
Principal Investigator		Project #	
Email		Phone	
Organization		Co-PIs and Collaborators	
Address			
DUDATION 9 EIN	IANCIAL SUMMARY	FOR OFFICE (CRDF) USE ON	IIV
		FOR OFFICE (CRDF) USE ON	ILT
Project Duration (ye	ars)		
Total Funds Reques	ted (all years)		
Year 1 Funding Requ	uest		
ADSTDACT (ann	roy 500 words, content must	fit in box below, without scrolling)	
ABSTRACT (app	rox. 500 words; content must	iit iii box below, without scronnig,	

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.

indiv	vidual year of the project.						
1	PRINCIPAL INVESTIGATOR					TOTAL ALL YEARS	
2	PROJECT TITLE						
3	SALARIES						
4		FTEs 1	AMOUNT ²	FRINGE ³		INSURANCE 4	TOTA
5	FACULTY						
6	POST DOC						
7	STAFF						
8	PART-TIME OPS ⁵						
9	SUBTOTAL						
					10	TOTAL SALARIES	
FTE	s Full-time equivalents.						
² Am	ount Dollar amount (\$US)	of item listed.			11	EXPENSES	
³ Frin	ge Vacation, sick days and	d related fringe exper	ises.		12	MATERIALS 6	
Insurance Health insurance, etc.						TRAVEL (domestic)	
	t-Time (OPS) Other Persor	nnel Services. Tuition	waivers should be inc	cluded	14	TRAVEL (foreign)	
in "c	other direct".				15	PUBLICATIONS 7	
6 Mat	terials Materials and suppl	ies required for the p	roject.		16	COMPUTERS	
Publications Page and other costs from publishing this research.						SUBCONTRACTS 8	
	contracts This item includ			18	OTHER DIRECT		
For	contracted institutions or fi m SC-19 needs to be com	pleted for each subco		lget	19	TOTAL EXPENSES	
add	itional instructions on sub	sequent pages.					

FOR CRDF USE ONLY

 $^{\rm 9}$ 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 into the form.

20

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					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.

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

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.

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.

⁹ **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 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. 11 EXPENSES							
	12 MATERIALS 6							
 Fringe Vacation, sick days and related fringe expenses. Insurance Health insurance, etc. 					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 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	
	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.			

FOR CRDF USE ONLY

 $^{\rm 9}$ 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

20

21

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

pop	oppulates 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	
FTE	s Full-time equivalents.						

20	EQUIPMENT	
21	TOTAL DIRECT 9	

FOR CRDF USE ONLY

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-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 FIELD.

⁹ **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.