

CITRUS ADVANCED TECHNOLOGY PROGRAM

FULL PROPOSAL COVER PAGE AND BUDGET: Page 1 of 5



| | | | |
|------------------------|------------|--|--------------|
| Project Type | Discipline | Biohazard Regs <input type="radio"/> Yes <input type="radio"/> 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

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.

| | | | | | | | |
|----|----------------------------|-------------------|---------------------|---------------------|--|------------------------|-------|
| 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-21 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 will be calculated automatically from data entered into the form.

| | | |
|----|---------------------------|--|
| 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-21 needs to be completed for each subcontracted firm. ENTER THE TOTAL OF YEAR 1 FROM ALL SC-21s 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.

| | | |
|----|---------------------------|--|
| 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-21 needs to be completed for each subcontracted firm. ENTER THE TOTAL OF YEAR 2 FROM ALL SC-21s FOR THE PROJECT IN THE SUBCONTRACTS FIELD.

⁹ **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 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 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 | | | | | | | | 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-21 needs to be completed for each subcontracted firm. ENTER THE TOTAL OF YEAR 3 FROM ALL SC-21s 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.

| | | |
|----|---------------------------|--|
| 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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