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 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	

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

⁹ **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.

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 ¹	AMOUNT ²	FRINGE ³	INSURANCE 4	TOTAL
5	FACULTY					
6	POST DOC					
7	STAFF					

¹ **FTEs** Full-time equivalents.

9

SUBTOTAL

TOTAL SALARIES

10

EQUIPMENT	20	
TOTAL DIRECT 9	21	

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.

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 the form.

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 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.

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.

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
i	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
	TOTAL EXPENSES

EQUIPMENT	20	
TOTAL DIRECT 9	21	

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.

SUBCONTRACT BUDGET: Page 4 of 4



Third Year Budget (complete if applicable) E nter 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	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	ETE	Full-time equivalents.				10	TOTAL SALARIES			
		·								
2	Amo	ount Dollar amount (\$US)	of item listed.			11	EXPENSES			
3	Frin	ge Vacation, sick days an	d related fringe expe	nses.		12	MATERIALS ⁶ TRAVEL			
4	Insu	rance Health insurance, e	etc.			13	(domestic)			
		:-Time (OPS) Other Person	nnel Services. Tuition	waivers should be inc	cluded	14	TRAVEL (foreign)			
		ther direct".				15	PUBLICATIONS 7			
6	Mat	erials Materials and supp	lies required for the p	oroject.		16	COMPUTERS			
7	Pub	lications Page and other	costs from publishing	this research.		17	SUBCONTRACTS 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-19 needs to be completed for each subcontracted firm.						19	TOTAL EXPENSES			
	1 om 50 To needs to be completed for each subconfidence in in.									
9		I Direct This is the total d				20	EQUIPMENT			
		ram for the third year of to matically from data entere		e will be calculated						
	3410					21	TOTAL DIRECT 9			