



GRANT AND ASSISTANCE TYPE COOPERATIVE AGREEMENT BUDGET

Recipient Name:				DURATION PROPOSED		ERS USE ONLY	
Agreement No.				Months: _____		Months: _____	
PRINCIPAL INVESTIGATOR(S) PROJECT DIRECTOR(S)				FUNDS REQUESTED BY PROPOSER		FUNDS APPROVED BY ERS (If different)	
A. Salaries and Wages		ARS FUNDED WORK MONTHS					
1. No. of Senior Personnel		Calendar	Academic	Summer			
a. ___ (Co)-PI(s)/PD(s)							
b. ___ Senior Associates							
2. No. of Other Personnel (Non-Faculty)							
a. ___ Research Associates-Postdoctorate							
b. ___ Other Professionals							
c. ___ Graduate Students							
d. ___ Pre-Baccalaureate Students							
e. ___ Secretarial-Clerical							
f. ___ Technical, Shop, and Other							
Total Salaries and Wages							
B. Fringe Benefits (If charged as Direct Costs)							
C. Total Salaries, Wages, and Fringe Benefits <i>(A plus B)</i>							
D. Nonexpendable Equipment <i>(Attach supporting data. List items and dollar amounts for each item.)</i>							
E. Materials and Supplies							
F. Travel							
1. Domestic (Including Canada)							
2. Foreign (List destination and amount for each trip)				N/A		N/A	
G. Publication Costs/Page Charges							
H. Computer (ADPE) Costs							
I. All Other Direct Costs (Attach supporting data. List items and dollar amount. Details of subcontracts, including work statements and budget, should be explained in full in proposal)							
J. Total Direct Costs (C through I)							
K. Indirect Costs (Specify rate(s) and base(s) for on off campus activity.) <i>(Where both are involved, identify itemized costs included in on off campus bases.)</i>							
L. Total Direct and Indirect Costs (J plus K)							
M. Less Residual Funds (If applicable)							
N. TOTAL AMOUNT of this REQUEST (L minus M)							
O. COST SHARING							

COMMENTS