|  |
| --- |
| **Cover Page**  Project Title: |
| Principal Investigator: |
| Campus Mailing Address: |
| Email Address: |
| Team Member(s), Title(s), Academic Unites, and E-mail Address(es): |
| Total Duration of Project:  Total Funds Requested: |
|  |

**Proposal Summary (limit to 250 words):**

**Project Budget Form**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YEAR 1** | **YEAR 2** | **TOTAL REQUEST** |
| **A. PERSONNEL - SALARIES, WAGES, AND FRINGE BENEFITS** |  |  |  |
| Research Associates/Post-Docs/On-Call/Technical |  |  |  |
| Fringe Benefits |  |  |  |
| Graduate Students |  |  |  |
| Fringe Benefits |  |  |  |
| Undergraduate Students |  |  |  |
| Fringe Benefits |  |  |  |
| **B. EQUIPMENT** |  |  |  |
| **C. TRAVEL** |  |  |  |
| **D. MATERIALS & SUPPLIES** |  |  |  |
| **E. PUBLICATIONS** |  |  |  |
| **F. OTHER COSTS (include itemized justification)** |  |  |  |
| **TOTAL PROJECT COSTS:** |  |  |  |

Budget Justification

**A. PERSONNEL - SALARIES, WAGES, AND FRINGE BENEFITS** (please indicate if fund is requested to address graduate student support funding gaps resulted from project notifications that lead to a pause, or stop work, or termination due to executive orders)

**B. EQUIPMENT**

**C. TRAVEL**

**D. MATERIALS & SUPPLIES**

**E. PUBLICATIONS**

**F. OTHER COSTS (include itemized justification)**

**TOTAL PROJECT COSTS**