|  |
| --- |
| **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**