|  |  |  |
| --- | --- | --- |
| Program Director/Principal Investigator (Last, First, Middle): | | |
| **DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY** | FROM | THROUGH |

List PERSONNEL *(Applicant organization only)*

e Cal, Acad, or Summer to Enter Months Devoted to Project

Enter Dollar Amounts Requested *(omit cents)* for Salary Requested and Fringe Benefits

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME | ROLE ON PROJECT | Cal. Mnths | Acad. Mnths | Summer Mnths | | INST.BASE SALARY | SALARY REQUESTED | FRINGE BENEFITS | | TOTAL |
|  |  |  |  |  | |  | $ | $ | | $ |
|  |  |  |  |  | |  | $ | $ | | $ |
|  |  |  |  |  | |  | $ | $ | | $ |
|  |  |  |  |  | |  | $ | $ | | $ |
|  |  |  |  |  | |  | $ | $ | | $ |
|  |  |  |  |  | |  | $ | $ | | $ |
|  |  |  |  |  | |  |  |  | |  |
| **SUBTOTALS** | | | | | | | $ |  | | $ |
| CONSULTANT COSTS | | | | | | | | | |  |
| EQUIPMENT *(Itemize)* | | | | | | | | | | $ |
| SUPPLIES (Itemize by category) | | | | | | | | | |  |
| TRAVEL | | | | | | | | | |  |
| INPATIENT CARE COSTS | | | | | | | | | |  |
| OUTPATIENT CARE COSTS | | | | | | | | | |  |
| ALTERATIONS AND RENOVATIONS *(Itemize by category)* | | | | | | | | | |  |
| OTHER EXPENSES *(Itemize by category)* | | | | | | | | | |  |
| CONSORTIUM/CONTRACTUAL COSTS | | | | | DIRECT COSTS | | | |  | |
| **SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD** *(Item 7a, Face Page)* | | | | | | | | | **$** | |
| CONSORTIUM/CONTRACTUAL COSTS | | | | | FACILITIES AND ADMINISTRATIVE COSTS (Indirects) | | | | **$** | |
| **TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD** | | | | | | | | | **$** | |

PHS 398 (Rev. 08/12 Approved Through 8/31/2015) OMB No. 0925-0001

1 of 1

Page **Form Page**