

MRI Proposal Budget Worksheet

Sponsoring Agency: _____ Deadline: _____

Agency contact: _____ (name)
 _____ (address/phone/email)

Project title: _____

Project dates: (begin) _____ (end) _____

Solicitation/announcement number: _____

SALARIES (List individuals by name when possible)

<u>YEAR 1</u> (% of time or \$ amount)	<u>YEAR 2</u> (% of time or \$ amount)	<u>YEAR 3</u> (% of time or \$ amount)
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Category I

PI: _____

CO-PI(s): _____

Faculty Associate: _____

Technician: _____

Staff Assistant: _____

Category II

Graduate Assistant: _____

Category III

Research Associate/Assistant: _____

Post Doc Scholar: _____

Wage Payroll: _____

Category IV

Grad Student/Wages (summer only): _____

FRINGE BENEFITS (calculated automatically using current rate(s))

	<u>\$ amount</u>	<u>\$ amount</u>	<u>\$ amount</u>
EXPENDABLE MATERIALS & SUPPLIES _____	_____	_____	_____
COMMUNICATION SERVICES _____	_____	_____	_____
TRAVEL: DOMESTIC _____	_____	_____	_____
FOREIGN _____	_____	_____	_____
PUBLICATION/PAGE CHARGES/PHOTOCOPYING _____	_____	_____	_____
CONSULTING FEES _____	_____	_____	_____
SUBCONTRACTS (first \$25K bears full F&A/balance >\$25K bears no F&A)			
Sub Recipient Name: _____	_____	_____	_____
Sub Recipient Name: _____	_____	_____	_____
EQUIP USAGE/AUX SERVICES _____	_____	_____	_____
GRADUATE STUDENT TUITION (calculated automatically using current rates)			
EQUIPMENT >\$5,000 PER ITEM (bears no F&A costs)			
F&A COSTS (calculated automatically using current rates)			
TOTAL (TARGET) BOTTOM LINE	\$ _____	\$ _____	\$ _____

*If you have more than 3 years to propose please use an additional budget worksheet

SPECIAL COMMENTS: