



**RESEARCH & RELATED BUDGET - SECTION C, D, & E, BUDGET PERIOD 3**

\* ORGANIZATIONAL DUNS:

\* Budget Type:  Project  Subaward/Consortium

Enter name of Organization:

\* Start Date:  \* End Date:  Budget Period: 3

*(If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the*

**C. Equipment Description**

List items and dollar amount for each item exceeding \$5,000

	Equipment item	* Funds Requested (\$)
1.	<input type="text"/>	<input type="text"/>
2.	<input type="text"/>	<input type="text"/>
3.	<input type="text"/>	<input type="text"/>
4.	<input type="text"/>	<input type="text"/>
5.	<input type="text"/>	<input type="text"/>
6.	<input type="text"/>	<input type="text"/>
7.	<input type="text"/>	<input type="text"/>
8.	<input type="text"/>	<input type="text"/>
9.	<input type="text"/>	<input type="text"/>
10.	<input type="text"/>	<input type="text"/>
11.	<b>Total funds requested for all equipment listed in the attached file</b>	<input type="text"/>
	<b>Total Equipment</b>	<input type="text"/>

Additional Equipment:

**D. Travel**

		Funds Requested (\$)
1.	Domestic Travel Costs ( Incl. Canada, Mexico and U.S. Possessions)	<input type="text"/>
2.	Foreign Travel Costs	<input type="text"/>
	<b>Total Travel Cost</b>	<input type="text"/>

**E. Participant/Trainee Support Costs**

		Funds Requested (\$)
1.	Tuition/Fees/Health Insurance	<input type="text"/>
2.	Stipends	<input type="text"/>
3.	Travel	<input type="text"/>
4.	Subsistence	<input type="text"/>
5.	Other <input type="text"/>	<input type="text"/>
<input type="text"/>	<b>Number of Participants/Trainees</b>	<input type="text"/>
	<b>Total Participant/Trainee Support Costs</b>	<input type="text"/>

RESEARCH & RELATED BUDGET - SECTION F-K, BUDGET PERIOD 3

Next Period

\* ORGANIZATIONAL DUNS:

\* Budget Type:  Project  Subaward/Consortium

Enter name of Organization:

\* Start Date:  \* End Date:

Budget Period: 3

(If the Reset Entries button is pressed, please navigate to previous year to enable the submission of the

F. Other Direct Costs

Funds Requested (\$)

1. Materials and Supplies	<input type="text"/>
2. Publication Costs	<input type="text"/>
3. Consultant Services	<input type="text"/>
4. ADP/Computer Services	<input type="text"/>
5. Subawards/Consortium/Contractual Costs	<input type="text"/>
6. Equipment or Facility Rental/User Fees	<input type="text"/>
7. Alterations and Renovations	<input type="text"/>
8. <input type="text"/>	<input type="text"/>
9. <input type="text"/>	<input type="text"/>
10. <input type="text"/>	<input type="text"/>
<b>Total Other Direct Costs</b>	<input type="text"/>

G. Direct Costs

Funds Requested (\$)

**Total Direct Costs (A thru F)**

H. Indirect Costs

Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	* Funds Requested (\$)
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total Indirect Costs</b>			<input type="text"/>

Cognizant Federal Agency

(Agency Name, POC Name, and POC Phone Number)

I. Total Direct and Indirect Costs

Funds Requested (\$)

**Total Direct and Indirect Institutional Costs (G + H)**

J. Fee

Funds Requested (\$)

K. \* Budget Justification

(Only attach one file.)