DETAILED BUDGET FOR INITIAL BUDGET PERIOD DIRECT COSTS ONLY

FROM THROUGH

List PERSONNEL (Applicant organization only)
Use 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	s [_	TOTAL
	PD/PI								(
									(
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									(
SUBTOTALS → 0								0	(
ONSULTANT COSTS									
QUIPMENT (Itemize)									
UPPLIES (Itemize by category,)								
RAVEL									
NPATIENT CARE COSTS									
OUTPATIENT CARE COSTS									
LTERATIONS AND RENOVATI	ONS (Itemize by cate	egory)							
OTHER EXPENSES (Itemize by	category)								
CONSORTIUM/CONTRACTUAL	COSTS					DIRE	CT COSTS		
		BUDGE	T PERIO	OD (Item :	7a, Face Page		CT COSTS	\$	C
CONSORTIUM/CONTRACTUAL SUBTOTAL DIRECT COS CONSORTIUM/CONTRACTUAL	STS FOR INITIAL	BUDGE	T PERIO					\$	C