

Grant/Contract Budget Summary

Principal Investigator _____ Social Security No. _____ Budget No. (*) _____

Agency _____ Agency No. _____ Grant/Contract Period
 AGENCY FUNDED FSU FUNDED

		AGENCY FUNDED	FSU FUNDED
		\$ Amount	\$ Amount
I. PERSONNEL DIRECT COSTS (SALARIES & WAGES)			
A. Faculty, A&P, USPS (Give names if known)			
1. Faculty	_____		
2. Research Associate	_____		
3. Secretarial	_____		
4. Technical	_____		
5. Other	_____		
Subtotal A.1-5	\$ - (Agency) \$ - (FSU)		
B. Other Personal Services (OPS)			
1. Graduate Assistants	_____		
2. Student Assistants	_____		
3. Fellows (Post doc.)	_____		
4. Trainees (or Predoc.)	_____		
5. Temporary Faculty	_____		
6. Research Associates	_____		
7. Temporary Staff	_____		
8. Other (Itemize)	_____		
Subtotal B. 1-8	\$ - (Agency) \$ - (FSU)		
Total Salaries & Wages (I.A. + 1.B)		\$ -	\$ -
C. Fringe Benefits			
1. Retire. & SS (13.41% FRS, or 18.07% ORP, or 16.76% DROP) x Subtotal A.1-5 Only			
2. State Health Plan (B/W): \$110.12 Single; \$225.17 Family; \$145.99 Spouse			
3. Workmen's & Unemployment Comp. 0.30% x 1.A & B exclude B.3. &4.		0	
D. Consultants (Include Fee and Travel)			

II. OTHER DIRECT COSTS			
A. Communications & Shipping			
B. Publication & Duplicating			
C. Travel - Domestic			
- Foreign			
- Trainee			
D. Materials, Supplies, Expendables			
E. Computing Service			
F. Equipment, Permanent			
G. Tuition & Fees			
H. Other Fees			
I. Other (Itemize)			

TOTAL DIRECT COSTS (I & II)		0	0
		Agency Base	Agency Rate
III. INDIRECT COSTS	MTDC _____ x _____		
	TDC-I. & II. _____ x _____		
TOTAL COSTS FOR PROJECT (I, II, & III)		0	0

Approved:

Principal Investigator _____ Date _____

Department Chairman _____ Date _____

Academic Dean _____ Date _____

SRS _____ Date _____

Fiscal Contracting Officer
JV No. _____
Date: _____ Initials: _____

Changes to this budget must be submitted on Budget Amendment Request (GB157).