DETAILED BUDGET FOR INITIAL BUDGET PERIOD
DIRECT COSTS ONLY

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

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<tr>
<th>NAME</th>
<th>ROLE ON PROJECT</th>
<th>Cal. Mnth</th>
<th>Acad. Mnth</th>
<th>Summer Mnth</th>
<th>INST. BASE SALARY</th>
<th>SALARY REQUESTED</th>
<th>FRINGE BENEFITS</th>
<th>TOTAL</th>
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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

TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD $ |

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