# 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

<table>
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<tr>
<th>Name</th>
<th>Role on Project</th>
<th>Cal. Mnths</th>
<th>Acad. Mnths</th>
<th>Summer Mnths</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**

**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** $________

**PhS 398 (Rev. 08/12 Approved Through 8/31/2015)**