

SUMMARY PROPOSAL BUDGET

FOR ACES USE ONLY

| | | | | | |
|--|---------------------------------|--------------------|--------------|-----------------|---------------|
| ORGANIZATION | Duration (Months) | | | | Proposal No. |
| PRINCIPAL INVESTIGATOR | Proposed _____ | | | Award No. | |
| | Granted _____ | | | | |
| A. Senior Personnel: PI/PD, Co-Pis, Faculty & Other Senior Associates (List each separately with title. A.7. Show number in brackets) | ACES-Funded Person-months | | | Funds Requested | Funds Granted |
| | CAL | ACA | SUM | | |
| A.1. | | | | | |
| A.2. | | | | | |
| A.3. | | | | | |
| A.4. | | | | | |
| A.5. | | | | | |
| A.6. () Others (List Individually on Budget Justification Page) | | | | | |
| A.7. () Total Senior Personnel (A.1.-1.6.) | | | | | |
| B. Other Personnel (Show Numbers in Brackets) | | | | | |
| B.1. () Post Doctoral Associates | | | | | |
| B.2. () Other Professionals (Technician, Programmer, Etc.) | | | | | |
| B.3. () Graduate Students | | | | | |
| B.4. () Undergraduate Students | | | | | |
| B.5. () Secretarial - Clerical (If Charged Directly) | | | | | |
| B.6. () Other | | | | | |
| Total Salaries and Wages (A + B) | | | | | |
| C. Fringe Benefits (If Charged as Direct Costs) | | | | | |
| Total Salaries, Wages and Fringe Benefits (A + B + C) | | | | | |
| D. Equipment (List Item & Dollar Amount for Each) | | | | | |
| Total Equipment | | | | | |
| E. Travel 1. Domestic (Incl. Canada, Mexico and U.S. Possessions) | | | | | |
| 2. Foreign | | | | | |
| F. Participant Support Costs (Enter Total in Column) | | | | | |
| 1. Stipends - \$ | | | | | |
| 2. Travel - \$ | | | | | |
| 3. Subsistence - \$ | | | | | |
| 4. Other - \$ | | | | | |
| G. Other Direct Costs | | | | | |
| 1. Materials and Supplies | | | | | |
| 2. Publication Costs/Documentation/Dissemination | | | | | |
| 3. Consultant Service | | | | | |
| 4. Computer Services | | | | | |
| 5. Subawards | | | | | |
| 6. Other | | | | | |
| Total G.1.-G.6. | | | | | |
| H. Total Direct Costs (A through G) | | | | | |
| I. Indirect Costs (Specify Rate and Base) | | | | | |
| Total Indirect Costs | | | | | |
| J. Total Direct and Indirect Costs (H + I) | | | | | |
| K. Residual Funds (If for Further Support of Current Project) | | | | | |
| L. Amount of This Request (J) or (J minus K) | | | | | |
| M. Cost-Sharing: Proposed Level \$ | | | | | |
| PI/PD Typed Name and Signature | FOR ACES USE ONLY | | | | |
| | INDIRECT COST RATE VERIFICATION | | | | |
| Organization Representative Typed Name and Signature | Date Checked | Date of Rate Sheet | Initials-ORG | | |