

# RESEARCH PROPOSAL BUDGET FORM WORKSHEET

PROJECT TITLE	RESEARCH ORGANIZATION	DATE
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**SALARIES & WAGES – MUST COMPLY WITH OMB CIRCULAR A-21** Specify number of hours to be worked and hourly rate for each individual below.  
Examples of role of individual are Principle Investigator, Technician, Grad Student, etc.

									FY1	FY2	FY3	FY4	TOTAL
NAME OF INDIVIDUAL									ROLE OF INDIVIDUAL				
Enter FY	FY1 rate	FY1 hrs	FY2 rate	FY2 hrs	FY3 rate	FY3 hrs	FY4 rate	FY4 hrs					
Rate & Hrs													
NAME OF INDIVIDUAL									ROLE OF INDIVIDUAL				
Enter FY	FY1 rate	FY1 hrs	FY2 rate	FY2 hrs	FY3 rate	FY3 hrs	FY4 rate	FY4 hrs					
Rate & Hrs													
NAME OF INDIVIDUAL									ROLE OF INDIVIDUAL				
Enter FY	FY1 rate	FY1 hrs	FY2 rate	FY2 hrs	FY3 rate	FY3 hrs	FY4 rate	FY4 hrs					
Rate & Hrs													
NAME OF INDIVIDUAL									ROLE OF INDIVIDUAL				
Enter FY	FY1 rate	FY1 hrs	FY2 rate	FY2 hrs	FY3 rate	FY3 hrs	FY4 rate	FY4 hrs					
Rate & Hrs													
NAME OF INDIVIDUAL									ROLE OF INDIVIDUAL				
Enter FY	FY1 rate	FY1 hrs	FY2 rate	FY2 hrs	FY3 rate	FY3 hrs	FY4 rate	FY4 hrs					
Rate & Hrs													
NAME OF INDIVIDUAL									ROLE OF INDIVIDUAL				
Enter FY	FY1 rate	FY1 hrs	FY2 rate	FY2 hrs	FY3 rate	FY3 hrs	FY4 rate	FY4 hrs					
Rate & Hrs													
NAME OF INDIVIDUAL									ROLE OF INDIVIDUAL				
Enter FY	FY1 rate	FY1 hrs	FY2 rate	FY2 hrs	FY3 rate	FY3 hrs	FY4 rate	FY4 hrs					
Rate & Hrs													
NAME OF INDIVIDUAL									ROLE OF INDIVIDUAL				
Enter FY	FY1 rate	FY1 hrs	FY2 rate	FY2 hrs	FY3 rate	FY3 hrs	FY4 rate	FY4 hrs					
Rate & Hrs													
SUB-TOTAL SALARY & WAGES													

**FRINGE BENEFITS – MUST COMPLY WITH OMB CIRCULAR A-21** Indicate employee, appropriate negotiated rate for each and description of who the rate applies to. (e.g. – Sam Smith, 25%, Summer Faculty. This rate is negotiated between the university and it's cognizant agency

									FY1	FY2	FY3	FY4	TOTAL
NAME OF INDIVIDUAL									RATE DESCRIPTION				
(% rate, enter as a decimal)	FY1		FY2		FY3		FY4						
NAME OF INDIVIDUAL									RATE DESCRIPTION				
(% rate, enter as a decimal)	FY1		FY2		FY3		FY4						
NAME OF INDIVIDUAL									RATE DESCRIPTION				
(% rate, enter as a decimal)	FY1		FY2		FY3		FY4						
NAME OF INDIVIDUAL									RATE DESCRIPTION				
(% rate, enter as a decimal)	FY1		FY2		FY3		FY4						
NAME OF INDIVIDUAL									RATE DESCRIPTION				
(% rate, enter as a decimal)	FY1		FY2		FY3		FY4						
NAME OF INDIVIDUAL									RATE DESCRIPTION				
(% rate, enter as a decimal)	FY1		FY2		FY3		FY4						
NAME OF INDIVIDUAL									RATE DESCRIPTION				
(% rate, enter as a decimal)	FY1		FY2		FY3		FY4						
NAME OF INDIVIDUAL									RATE DESCRIPTION				
(% rate, enter as a decimal)	FY1		FY2		FY3		FY4						
NAME OF INDIVIDUAL									RATE DESCRIPTION				
(% rate, enter as a decimal)	FY1		FY2		FY3		FY4						
NAME OF INDIVIDUAL									RATE DESCRIPTION				
(% rate, enter as a decimal)	FY1		FY2		FY3		FY4						
NAME OF INDIVIDUAL									RATE DESCRIPTION				
SUB-TOTAL FRINGE BENEFITS													

**SUBCONTRACTOR – MUST COMPLY WITH OMB CIRCULAR A-21.** A copy of the subcontractor's budget must be attached. An MDOT approved subcontract is required for subcontractor costs in excess of \$25,000 prior to payment of invoices that contain subcontractor work. List all subcontractors on a separate line.

SUBCONTRACTOR NAME & AMOUNT													
SUBCONTRACTOR NAME & AMOUNT													
SUB-TOTAL SUBCONTRACTOR													

	FY1	FY2	FY3	FY4	TOTALS
<b>In-State Travel (Destinations within Michigan)</b> Provide destination, purpose, total mileage, total # of days, total # of meals, Total # trips, name of individual(s) traveling					
<b>Out-of-State Travel (Prior approval required)</b> Provide destination purpose, total mileage, total # of days, total # of meals, total # trips, name of individual(s) traveling.					
<b>SUB-TOTAL TRAVEL</b>					
<b>SUPPLIES – MUST COMPLY WITH OMB CIRCULAR A-21 (Few items not allowed are: computers, printers, monitors, fax machines, printer paper, toner cartridges, pens, pencils, legal pads, clips, rubber bands, post-it notes, books, notebooks, binders, folders, diskettes, postage stamps, chairs, office furniture, calendars, paper punches, business cards, staples, waste cans, etc.)</b> Provide details if cost exceeds \$2,000. Individual line items in excess of \$1,000 require a detailed explanation regardless of total cost.					
DESCRIPTION					
DESCRIPTION					
DESCRIPTION					
DESCRIPTION					
DESCRIPTION					
DESCRIPTION					
DESCRIPTION					
<b>SUB-TOTAL SUPPLIES</b>					
<b>CAPITAL EQUIPMENT – MUST COMPLY WITH OMB CIRCULAR A-21. Purchased specifically for this project.</b> List items with a value in excess of \$500. Equipment in excess of \$5,000 requires prior approval.					
DESCRIPTION					
DESCRIPTION					
DESCRIPTION					
DESCRIPTION					
DESCRIPTION					
DESCRIPTION					
DESCRIPTION					
<b>SUB-TOTAL EQUIPMENT</b>					

**OTHER EXPENSES – MUST COMPLY WITH OMB CIRCULAR A-21 (Few items not allowed are: memberships in professional & scientific organizations, local telephone lines, cell phones, etc)**  
Any project expense which does not fall into another category. Provide detailed explanation of the expense and applicable breakdown of costs (e.g., graduate student tuition).

	FY1	FY2	FY3	FY4	TOTAL
DESCRIPTION					
DESCRIPTION					
DESCRIPTION					
DESCRIPTION					
DESCRIPTION					
<b>SUB-TOTAL OTHER EXPENSES</b>					
<b>TOTAL SUB-TOTALS</b>					

**INDIRECT COSTS – MUST COMPLY WITH OMB CIRCULAR A-21. Indirect cost rates are negotiated between the university and it's cognizant agency.** Indicate the type of negotiated indirect rate used and the percentage (e.g., On Campus Research, 52%)

TYPE		PERCENTAGE (%) ENTER AS A DECIMAL							
	FY1	FY2	FY3	FY4					
Enter \$ Amt per FY									
<b>TOTAL INDIRECT COSTS</b>									
<b>TOTAL PROJECT COSTS</b>									
<b>UNIVERSITY MATCHING FUNDS</b>									
<b>TOTAL MDOT PROJECT COSTS</b>									