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| Pilot Project Investigator (Last, First): | |  | | |
| DETAILED BUDGET FOR NEXT BUDGET PERIOD – DIRECT COSTS ONLY | FROM  04/01/2017 | | THROUGH  03/31/2018 | GRANT NUMBER  P30 ES010126 (Year 16) |

List PERSONNEL *(Applicant organization only)* **\*A no-cost extension will likely occur into Year 16, if necessary**

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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| NAME | ROLE ON PROJECT | | | Cal.  Mnths | Acad.  Mnths | Summer  Mnths | SALARY REQUESTED | FRINGE BENEFITS | TOTALS | | |
|  | Pilot Investigator | | |  |  |  | 0 | 0 | 0 | | |
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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)* | | | | | | | | |  | | |
| SUBTOTAL DIRECT COSTS FOR NEXT BUDGET PERIOD | | | | | | | | | **$** |  | |
| CONSORTIUM/CONTRACTUAL COSTS | | | DIRECT COSTS | | | | | |  | | |
| CONSORTIUM/CONTRACTUAL COSTS | | | FACILITIES AND ADMINISTRATIVE COSTS | | | | | |  | | |
| TOTAL DIRECT COSTS FOR NEXT BUDGET PERIOD *(Item 8a, Face Page)* | | | | | | | | | **$** |  |

PHS 2590 (Rev. 03/16) Page  1  **Form Page 2**

|  |  |
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| Pilot Project Investigator (Last, First): |  |
| BUDGET JUSTIFICATION | GRANT NUMBER  P30 ES010126 (Year 16) |
| Please provide a detailed budget justification for all line items shown in the proposed budget.  **Personnel**  Please note that fringe benefits are calculated at 22.741% for combined social security and retirement, plus a fixed rate for health insurance of $5471/year per FTE for permanent faculty and staff. The current fringe rate is 8.99% for postdocs and graduate students, with the fixed rate for postdoc health insurance being $4373/year per FTE and $3234/year for GRAs. Other miscellaneous fringes also apply. Rates are subject to change, and rates in effect at July 1st of the current fiscal year should be used when completing this document. .    **Equipment**  **Only relates to equipment purchases in excess of $5000, which are considered capital assets, and must be monitored by the University’s Asset Management Division. An annual equipment inventory is required and the equipment is considered property of the University and the Center for Environmental Health and Susceptibility (CEHS). Transfers of ownership cannot be made to other departments.**    **Supplies** | |

0925-001 (Rev. 03/16) Page  2  **Continuation Format Page**

|  |  |
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| Pilot Project Investigator (Last, First): |  |
| BUDGET JUSTIFICATION (con’t) | GRANT NUMBER  P30 ES010126 (Year 16) |
| **Other Expenses**  **(Please include core facility costs related to sample analysis, such as Tissue Culture, Biomarker Mass Spectrometry, Genotyping, Biospecimen Processing, High-Throughput Sequencing, etc., under this category)** | |

0925-001 (Rev. 03/16) Page  3 **Continuation Format Page**