|  |  |
| --- | --- |
| Program Director/Principal Investigator (Last, First, Middle): |  |
|  |
| DETAILED BUDGET FOR INITIAL BUDGET PERIODDIRECT COSTS ONLY | FROM | THROUGH |
|  |  |

 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

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME | ROLE ONPROJECT | Cal.Mnths | Acad.Mnths | SummerMnths | INST.BASESALARY | SALARYREQUESTED | FRINGEBENEFITS | TOTAL |
|  | PD/PI |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  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  | $ |  |

PHS 398 (Rev. 03/16 Approved Through 10/31/2018) OMB No. 0925-0001