Annual Budget Template
A budget justification should accompany this template. Please attach additional information as necessary. Fields outlined in red are required.

Lead Organization: Partner Organization (Sub-award):

Start Date: End Date: Budget Year:

A. Senior/Key Person

	First Name	Last Name	Project Role		Calendar Months	Academic Months	Summer Months	Requested Salary ($)	Fringe Benefits ($)	Funds Requested ($)
1										
2										
3										
4										
5										
6…										
Total										

Total Senior/Key Person:

Additional Senior/Key Persons:

B. Other Personnel

Number of Personnel	Project Role	Calendar Months	Academic Months	Summer Months	Requested Salary ($)	Fringe Benefits ($)	Funds Requested ($)
	Post Doctoral Associates						
	Graduate Students						
	Undergraduate Students						
	Secretarial/Clerical						
Total							

Total Other Personnel:

Total Salary, Wage and Fringe Benefits (A + B):

C. Research Activities
List items and dollar amounts for each item exceeding $5,000. Submitters are encouraged to clearly describe budgeted items, so as to discern costs associated with research, public education and outreach, and data management areas.

	Equipment	Funds Requested ($)
1		
2		
3		
4		
5		

Fields outlined in red are required.

6		
7		
8		
9		
10		
Total Equipment Cost		
	Travel	
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
Total Travel Cost		
	Participant/Trainee Support Costs	
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
Total Participant/Trainee Support Costs		
	Other Direct Costs	
1	Materials and Supplies	
2	Publication Costs	
3	Consultant Services	
4	ADP/Computer Services	
5	Subawards/Contractual Costs	
6	Equipment or Facility Rental/User Fees	
7	Ship, AUV, ROV, and Aircraft Time	
8		
9		
10		
Total Research Activities		
Total Direct Costs (A-C)		

D. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base ($)	Funds Requested ($)
1				
2				
3				
4				
Total Indirect Costs				

Fields outlined in red are required.

Cognizant Federal Agency (Agency Name, POC Name, and POC Phone Number):

E. Total Direct and Indirect Costs (A-D):

F. Additional Items:

G. Total Funds Requested:

Fields outlined in red are required.