**Annual Budget Template**

A budget justification should accompany this template. Please attach additional information as necessary.

Lead Organization:Click here to enter text.

Partner Organization (Sub-award):Click here to enter text.

Start Date: Click here to enter text. End Date: Click here to enter text.

Budget Year: Click here to enter text.

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: Click here to enter text.

Additional Senior/Key Persons: Click here to enter text.

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:Click here to enter text.

Total Salary, Wage and Fringe Benefits (A + B): Click here to enter text.

C. Research Activities Description

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 |  |  |
| 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 Other Direct Costs |  |
| 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 |  |

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

Click here to enter text.

E. Total Direct and Indirect Costs (A-D):Click here to enter text.

F. Additional Items: Click here to enter text.

G. Total Funds Requested: Click here to enter text.