

# OCG PROPOSAL BUDGET FORM

Date received at OCG: \_\_\_\_\_

## Instructions:

Please use this form to estimate the budget for your proposal. Complete all portions of the form and submit it to your OCG Proposal Analyst as early as possible in the proposal development process. **Please prepare one of these forms for each project year.** Thank you.

Principal Investigator/Department: \_\_\_\_\_

Project Title: \_\_\_\_\_

Expected Project Start Date: \_\_\_\_\_ Expected Project End Date: \_\_\_\_\_

Sponsor/Agency/Program: \_\_\_\_\_

URL for program announcement or solicitation guidelines: \_\_\_\_\_

Receipt/Postmark Deadline: \_\_\_\_\_

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## Budget Detail

Personnel:	% of Effort:	Salary:	Fringe Benefits:
Principal Investigator:	_____	_____	_____
Co-PI:	_____	_____	_____
Staff:	_____	_____	_____
Post Docs:	_____	_____	_____
Graduate Students:	_____	_____	_____
Undergraduates:	_____	_____	_____

## Capital Equipment (>=> \$5000, description, Per Item Cost, Shipping, Installation):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Travel (Dates of Travel, Destination, Duration, Carrier, Airfare/Mileage, Estimated Cost, Lodging, Per Diem, # of Travelers):

Trip 1: \_\_\_\_\_  
Trip 2: \_\_\_\_\_  
Trip 3: \_\_\_\_\_  
Trip 4: \_\_\_\_\_

## Subcontracts/Subagreements (Organization, Period of Performance, Indirect Costs):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Participant Support Costs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Direct Costs:**

Materials/Supplies (Inc. Non-Capital Equipment): \_\_\_\_\_

Communications: \_\_\_\_\_

Postage: \_\_\_\_\_

Photocopying: \_\_\_\_\_

Registration Fees: \_\_\_\_\_

Publication Costs: \_\_\_\_\_

Consultant Services: \_\_\_\_\_

Other Costs: \_\_\_\_\_

\_\_\_\_\_

**Facilities and Administrative Costs (Overhead/Indirect):**

\_\_\_\_\_

\_\_\_\_\_

**Total Costs Year 1:** \_\_\_\_\_

**Anticipated Costs:**

Year 2: \_\_\_\_\_

Year 3: \_\_\_\_\_

Year 4: \_\_\_\_\_

Year 5: \_\_\_\_\_