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| Contact Principal Investigator (Last, First, Middle): | | | | | |  | | | | | | | |
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| DETAILED BUDGET - DIRECT COSTS ONLY | | | | | | | | | FROM | | THROUGH | | |
| 1/1/14 | | 12/31/14 | | |
| PERSONNEL | | | | Months Devoted to Project | | | |  | DOLLAR AMOUNT REQUESTED *(omit cents)* | | | | |
| NAME | ROLE ON PROJECT | INSTITUTION | | Cal.  Mnths | Acad.  Mnths | | Sum.  Mnths | INST.BASE SALARY | SALARY REQUESTED | FRINGE BENEFITS | | | TOTAL |
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| SUBTOTALS | | | | | | | | |  |  | | |  |
| CONSULTANT COSTS | | | | | | | | | | | | |  |
| EQUIPMENT *(Itemize)* | | | | | | | | | | | | |  |
| SUPPLIES *(Itemize by category)* | | | | | | | | | | | | |  |
| PATIENT CARE COSTS | INPATIENT | |  | | | | | | | | | |  |
| OUTPATIENT | |  | | | | | | | | | |  |
| OTHER EXPENSES *(Itemize by category)* | | | | | | | | | | | | |  |
| SUBCONTRACT (TOTAL FROM PAGE 2A) | | | | | | | DIRECT COSTS ONLY | | | | | |  |
| TOTAL DIRECT COSTS | | | | | | | | | | | | $ |  |

**This Proposal has Full Department/Divisional Support, Including Authorization for any Proposed Cost-Sharing/Match.**

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Department or Division Chair Signature (Required)

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| Contact Principal Investigator (Last, First, Middle): | | | | | |  | | | | | | | |
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| DETAILED SUBCONTRACT BUDGET - DIRECT COSTS ONLY | | | | | | | | | FROM | | THROUGH | | |
| 1/1/14 | | 12/31/14 | | |
| PERSONNEL | | | | Months Devoted to Project | | | |  | DOLLAR AMOUNT REQUESTED *(omit cents)* | | | | |
| NAME | ROLE ON PROJECT | INSTITUTION | | Cal.  Mnths | Acad.  Mnths | | Sum.  Mnths | INST.BASE SALARY | SALARY REQUESTED | FRINGE BENEFITS | | | TOTAL |
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| SUBTOTALS | | | | | | | | |  |  | | |  |
| EQUIPMENT *(Itemize)* | | | | | | | | | | | | |  |
| SUPPLIES *(Itemize by category)* | | | | | | | | | | | | |  |
| PATIENT CARE COSTS | INPATIENT | |  | | | | | | | | | |  |
| OUTPATIENT | |  | | | | | | | | | |  |
| OTHER EXPENSES *(Itemize by category)* | | | | | | | | | | | | |  |
| TOTAL SUBCONTRACT DIRECT COSTS | | | | | | | | | | | | $ |  |

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