Sam Houston State University
Office of Research & Special Programs Budget Worksheet

Funding Period **From:** _____ **To:** _____

Proposal #	**Sponsor Name**

A. Senior Personnel

1. Principal Investigator Name:

Months & % of Time Devoted to Project

Academic Months		Summer Months		
% of Time	# of Months	% of Time	# of Months	

2. Co-Principal Investigator Name: _____

Months & % of Time Devoted to Project

Academic Months		Summer Months		
% of Time	# of Months	% of Time	# of Months	

3. Co- Principal Investigator Name: _____

Months & % of Time Devoted to Project

Academic Months		Summer Months		
% of Time	# of Months	% of Time	# of Months	

A.1 Other Personnel

1. Research Associate Name: _____

Months & % of Time Devoted to Project

Academic Months		Summer Months		Monthly Rate	
% of Time	# of Months	% of Time	# of Months		

2. Other Professional Name: _____

Months & % of Time Devoted to Project

Academic Months		Summer Months		Monthly Rate	
% of Time	# of Months	% of Time	# of Months		

3. Graduate Student Name: _____

Months & % of Time Devoted to Project

Academic Months		Summer Months		Monthly Rate	
% of Time	# of Months	% of Time	# of Months		

4. Undergraduate Student Name: _____

Months & % of Time Devoted to Project

Academic Months		Summer Months		Hourly Rate	
% of Time	# of Weeks	% of Time	# of Weeks		

A.2 Fringe Benefits: (32% faculty & staff; 18% + 172 per month for insurance graduate students; undergraduate students 10%)

B. Travel: In the buget justification narrative, please specify the destination number of trips, number of persons per trip, number of days.

Line Item	Year 1	Year 2	Year 3	Year 4	Year 5
Air Fare	-	-	-	-	-
Ground Transportation	-	-	-	-	-
Lodging	-	-	-	-	-
Mileage	-	-	-	-	-
Parking	-	-	-	-	-
Per Diem	-	-	-	-	-
Conference/Registration Fee	-	-	-	-	-

C. Capital Equipment (≥ $5,000) Provide name of equipment & enter the amount in the year items will be purchased.

Name of Equipment	Year 1	Year 2	Year 3	Year 4	Year 5
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-

D. Materials & Supplies: Provide the name of materials & supplies & enter the amount in the year that items will be purchased.

	Year 1	Year 2	Year 3	Year 4	Year 5
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-

D. Other Expenses: Provide the name of other expenses & enter the amount in the year that items will be purchased.

	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-

F. Subcontractual: Provide the name of subcontracts/subrecipients & enter the amount in the year for the entity that will participate in the funding opportunity.

	Year 1	Year 2	Year 3	Year 4	Year 5
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-
	-	-	-	-	-

G. Facilities & Administrative Costs (% of applicable costs)

39% - on campus, 17% - off campus % Rate 0%

If F&A rate is lower than the federally negotiated rate of 39%, one of the following is required below to be included with proposal:

1. Provide a written copy of the guidelines for the allowable F & A rate from sponsor.
2. Complete an Indirect Cost Waiver form (This form can be found on the ORSP website: http://www.shsu.edu/~rgs_www/newforms2.html).

H. Total Costs: (Indicate sponsor's annual limit or total amount that PI does not want to exceed).

Year 1	$0.00
Year 2	$0.00
Year 3	$0.00
Year 4	$0.00
Year 5	$0.00
Total Limit	$0.00

I. Matching Funds:

% of amount required by sponsor _____