Attachment A

BUDGET BREAKDOWN WORKSHEET\*

Project Number: (Number will be provided by the application system)

Project Title:

|  |  |  |  |
| --- | --- | --- | --- |
| Cost Category | Federal | Non-Federal | Total |
| 1. Salaries and Wages  - Principal Investigator(s)  - Graduate Student(s)  - Undergraduate Student(s)  - Others  Total Salaries and Wages | $ | $ | $ |
| 2. Fringe Benefits  - Principal Investigator(s)  - Graduate Student(s)  - Undergraduate Student(s)  - Others  Total Fringe Benefits |  |  |  |
| 3. Tuition  - Graduate Student(s)  - Undergraduate Student(s)  Total Tuition |  |  |  |
| 4. Supplies |  |  |  |
| 5. Equipment |  |  |  |
| 6. Services or Consultants |  |  |  |
| 7. Travel |  |  |  |
| 8. Other direct costs |  |  |  |
| 9. Total direct costs |  |  |  |
| 10a. Indirect costs on federal share | XXXXXXXX  XXXXXXXX |  |  |
| 10b. Indirect costs on non-federal share | XXXXXXXX  XXXXXXXX |  |  |
| 11. Total estimated costs | $ | $ | $ |
| Total Costs at Campus of the University on which the Institute or Center is located. | $ | $ | $ |
| Total Costs at other University Campus  Name of University: | $ | $ | $ |

Attachment B

BUDGET JUSTIFICATION WORKSHEET\*

Project Number: (Number will be provided by the application system)

Project Title

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| --- |
| **Salaries and Wages for PIs.** Provide personnel, title/position, estimated hours and the rate of compensation proposed for each individual. |
|  |
| **Salaries and Wages for Graduate Students.** Provide personnel, title/position, estimated hours and the rate of compensation proposed for each individual. (Other forms of compensation paid as or in lieu of wages to students performing necessary work are allowable provided that the other payments are reasonable compensation for the work performed and are conditioned explicitly upon the performance of necessary work. Also, note that tuition has its own category below and that health insurance, if provided, is to be included under fringe benefits.) |
|  |
| **Salaries and Wages for Undergraduate Students.** Provide personnel, title/position, estimated hours and the rate of compensation proposed for each individual. (Other forms of compensation paid as or in lieu of wages to students performing necessary work are allowable provided that the other payments are reasonable compensation for the work performed and are conditioned explicitly upon the performance of necessary work. Also, note that tuition has its own category below and that health insurance, if provided, is to be included under fringe benefits.) |
|  |
| **Salaries and Wages for Others.** Provide personnel, title/position, estimated hours and the rate of compensation proposed for each individual. |
|  |
| **Fringe Benefits for PIs.** Provide the overall fringe benefit rate applicable to each category of employee proposed in the project. . Note: include health insurance here, if applicable. |
|  |
| **Fringe Benefits for Graduate Students.** Provide the overall fringe benefit rate applicable to each category of employee proposed in the project. Note: include health insurance here, if applicable. |
|  |
| **Fringe Benefits for Undergraduate Students.** Provide the overall fringe benefit rate applicable to each category of employee proposed in the project. Note: include health insurance here, if applicable |
|  |
| **Fringe Benefits for Others.** Provide the overall fringe benefit rate applicable to each category of employee proposed in the project. . Note: include health insurance here, if applicable. |
|  |
| **Tuition for Graduate Students.** |
|  |
| **Tuition for Undergraduate Students** |
|  |
| **Supplies.** Indicate separately the amounts proposed for office, laboratory, computing, and field supplies. Provide a breakdown of the supplies in each category. |
|  |
| **Equipment.** Identify non-expendable personal property having a useful life of more than one (1) year and an acquisition cost of more than $5,000 per unit. If fabrication of equipment is proposed, list parts and materials required for each, and show costs separately from the other items. A detailed breakdown is required. |
|  |
| **Services or Consultants.** Identify the specific tasks for which these services, consultants, or subcontracts would be used. Provide a detailed breakdown of the services or consultants to include personnel, time, salary, supplies, travel, etc. |
|  |
| **Travel.** Provide purpose and estimated costs for all travel. A breakdown should be provided to include location, number of personnel, number of days, per diem rate, lodging rate, mileage and mileage rate, airfare (whatever is applicable). |
|  |
| **Other Direct Costs.** Itemize costs not included elsewhere, including publication costs. Costs for services and consultants should be included and justified under “Services or Consultants (above). Please provide a breakdown for costs listed under this category. |
|  |
| **Indirect Costs.** Provide negotiated indirect (“Facilities and Administration”) cost rate. |
|  |

Attachment C

FOCUS CATEGORIES

|  |  |
| --- | --- |
| ACID DEPOSITION | ACD |
| AGRICULTURE | AG |
| CLIMATOLOGICAL PROCESSES | CP |
| CONSERVATION | COV |
| DROUGHT | DROU |
| ECOLOGY | ECL |
| ECONOMICS | ECON |
| EDUCATION | EDU |
| FLOODS | FL |
| GEOMORPOLOGICAL PROCESSES | GEOMOR |
| GEOCHEMICAL PROCESSES | GEOCHE |
| GROUNDWATER | GW |
| HYDROGEOCHEMISTRY | HYDGEO |
| HYDROLOGY | HYDROL |
| INVASIVE SPECIES | INV |
| IRRIGATION | IG |
| LAW, INSTITUTIONS, AND POLICY | LIP |
| MANAGEMENT AND PLANNING | M&P |
| METHODS | MET |
| MODELS | MOD |
| NITRATE CONTAMINATION | NC |
| NON POINT POLLUTION | NPP |
| NUTRIENTS | NU |
| RADIOACTIVE SUBSTANCES | RAD |
| RECREATION | REC |
| SEDIMENTS | SED |
| SOLUTE TRANSPORT | ST |
| SURFACE WATER | SW |
| TOXIC SUBSTANCES | TS |
| TREATMENT | TRT |
| WASTEWATER | WW |
| WATER QUALITY | WQL |
| WATER QUANTITY | WQN |
| WATER SUPPLY | WS |
| WATER USE | WU |
| WETLANDS | WL |