COLLABORATING DoD MILITARY FACILITY BUDGET FORM

Military Facility:

Detailed Cost Estimate Form (Submit 1 form for EACH year)

Name of Principal Invest	igator (<i>last, j</i>	first, middle	e)				
DETAILED BUDGET							THROUGH
PERSONNEL				%	Dollar Amount Requested (omit cents)		
NAME	ROLE ON PROJECT	TITLE/ Position	Annual Base Salary	Effort on Project	SALARY REQUESTED	Fringe Benefits	TOTALS
	PI						
St	\rightarrow	$\rightarrow \rightarrow \rightarrow \rightarrow$					\$
CONSULTANT COSTS							
Major Equipment (Itemize)							
MATERIALS, SUPPLIES, AND CONSUMABLES (ITEMIZE BY CATEGORY)							
RESEARCH-RELATED SUBJECT COSTS							
OTHER DIRECT COSTS (ITEMIZE BY CATEGORY)							
SUBTOTAL DIRECT COSTS FOR THIS BUDGET PERIOD $\rightarrow \rightarrow \rightarrow \rightarrow \rightarrow \rightarrow$							\$
Subcontract Costs	DIRECT COS	Cost					
SUBCONTRACT COSTS	INDIRECT C	T COST					
TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD							
TOTAL INDIRECT COSTS FOR INITIAL BUDGET PERIOD							\$
TOTAL DIRECT AND INDIRECT COSTS FOR THIS BUDGET PERIOD							\$

Detailed Cost Estimate Form (Year 2)

DETAILED BUDGET							THROUGH			
Personnel				%	DOLLAR AMOUNT REQUESTED		(OMIT CENTS)			
NAME	ROLE ON PROJECT	TITLE/ Position	Annual Base Salary	Effort on Project	SALARY REQUESTED	Fringe Benefits	TOTALS			
	PI									
Su	BTOTALS →-	$\rightarrow \rightarrow \rightarrow \rightarrow$					\$			
CONSULTANT COSTS										
MAJOR EQUIPMENT (ITEMIZE)										
MATERIALS, SUPPLIES, AND CONSUMABLES (ITEMIZE BY CATEGORY)										
RESEARCH-RELATED SUBJECT COSTS										
OTHER DIRECT COSTS (ITEMIZE BY CATEGORY)										
SUBTOTAL DIRECT COSTS FOR THIS BUDGET PERIOD $\rightarrow \rightarrow \rightarrow \rightarrow \rightarrow \rightarrow$							\$			
SUBCONTRACT COSTS	DIRECT COS	ST								
SUBCONTRACT COSTS	INDIRECT C	OST								
TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD										
TOTAL INDIRECT COSTS FOR INITIAL BUDGET PERIOD							\$			
TOTAL DIRECT AND INDIRECT COSTS FOR THIS BUDGET PERIOD							\$			

Name of Principal Investigator (*last, first, middle*)

Detailed Cost Estimate Form (Year 3)

DETAILED BUDGET							THROUGH			
Personnel				%	DOLLAR AMOUNT REQUESTED		(OMIT CENTS)			
NAME	ROLE ON PROJECT	TITLE/ Position	Annual Base Salary	EFFORT ON PROJECT	SALARY REQUESTED	Fringe Benefits	TOTALS			
	PI									
Su	BTOTALS →-	$\rightarrow \rightarrow \rightarrow \rightarrow$					\$			
CONSULTANT COSTS										
MAJOR EQUIPMENT (ITEMIZE)										
MATERIALS, SUPPLIES, AND CONSUMABLES (ITEMIZE BY CATEGORY)										
RESEARCH-RELATED SUBJECT COSTS										
OTHER DIRECT COSTS (ITEMIZE BY CATEGORY)										
SUBTOTAL DIRECT COSTS FOR THIS BUDGET PERIOD $\rightarrow \rightarrow \rightarrow \rightarrow \rightarrow \rightarrow$							\$			
DIRECT COST										
SUBCONTRACT COSTS	INDIRECT C	OST								
TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD										
TOTAL INDIRECT COSTS FOR INITIAL BUDGET PERIOD							\$			
TOTAL DIRECT AND INDIRECT COSTS FOR THIS BUDGET PERIOD							\$			

Name of Principal Investigator (*last, first, middle*)

DETAILED BUDGET FOR ENTIRE PROPOSED PERIOD OF SUPPORT							
BUDGET CATEGORY TOTALS ¹		INITIAL	ADDITION				
		BUDGET PERIOD (from Form Page 1)	2nd	3rd	4th	5th	Total
PERSONNEL							
FRINGE BENEFI	TS						
CONSULTANT C	COSTS						
MAJOR EQUIPM	IENT						
MATERIALS, SU AND CONSUMA							
SUBJECT-RELAT	SUBJECT-RELATED COSTS						
OTHER DIRECT COSTS							
SUBTOTAL DIRECT Costs							
SUBCONTRACT COSTS	DIRECT						
	INDIRECT						
TOTAL DIRECT COSTS							
TOTAL INDIRECT COSTS							
TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PERIOD OF SUPPORT				\$			
TOTAL INDIRECT COSTS FOR ENTIRE PROPOSED PERIOD OF SUPPORT				\$			
TOTAL COSTS FOR THE ENTIRE PROPOSED PERIOD OF SUPPORT THIS AMOUNT SHOULD AGREE WITH THAT ENTERED IN THE REQUIRED FILES				\$			

NOTES:

Additional Forms: Add yearly forms as needed, up to 5 years. Separate sets of forms are required for each Military Facility, if applicable.

Personnel Costs: Military labor costs cannot be supported through the extramural award.

Travel Costs: Military and DoD civilian employee travel costs cannot be supported through the extramural award.

¹ Itemize all budget categories on the Justification page that follows.

JUSTIFICATION: ITEMIZE ALL BUDGET CATAGORIES FOR EACH YEAR. FOLLOW THE BUDGET JUSTIFICATION INSTRUCTIONS EXACTLY. USE CONTINUATION PAGES AS NEEDED.