**Title of Project**

**Sponsor, RFP #**

**Project Start and End Date**

**Budget Justification**

**PERSONNEL**

Principal Investigator, Name, will be responsible for (insert primary tasks). Name will devote (insert FTE), for a funding request of (insert amount).

Co-Investigator, Name, will be responsible for (insert primary tasks). Name will devote (insert FTE), for a funding request of (insert amount).

Add other personnel as needed.

The total salaries request is (insert amount).

**FRINGE BENEFITS**

Fringe benefits are based on a calculated rate for all employees. Fringe benefits are based on a calculated rate for all employees. Michigan State University allocates the cost of fringe benefits using a Specific Identification (SI) system. Under this system, costs are specifically identified into four categories and accounts will be charged only to the extent that an employee receives, or in the case of health care is eligible to receive, those benefits. The categories are retirement, FICA, other/miscellaneous, and health, dental & prescriptions.

The total fringe request is (insert amount).

The total request for personnel and fringe is (insert amount).

**NON-PERSONNEL COSTS**

Equipment: Funds are requested for a (include name of equipment and what it will be used for; how will the equipment be used to support grant activities). (Insert amount) is requested.

Travel funds are requested for (insert purpose). (Insert number) trips are budgeted and include (insert amount) in mileage (# miles x .56), hotel (insert amount), and per diem (insert amount). All estimates are based upon (specify GSA or State of Michigan rates).

Add other travel as needed. If conferences are requested, include those fees.

Materials and Supplies: Funds are requested for (include itemized list and what materials will be used for). (Insert amount) is requested.

Meeting Expenses: Meeting expenses is requested for (include purpose of meeting, # of participants). Funds are requested for (include details as needed on room rate, a/v equipment, food/beverages). (Insert amount) is requested.

Participant Incentives: (Insert type, cost, and purpose of incentive) are requested for # participants. (Insert amount) is requested.

Dissemination: Funds are requested for publication of manuscripts resulting from this project. (Include list of dissemination methods and costs). (Insert amount) is requested.

Subawards: (Name of Contractor): (Add contractor role, tasks). (Insert amount) is requested.

The request for non-personnel costs is (insert amount).

**TOTAL DIRECT COSTS**

The total direct cost request is (insert amount).

**INDIRECT COST**

The (funder name) allows a XX% indirect rate. The total indirect cost is (insert amount).

**TOTAL BUDGET REQUEST**

The total request is (insert amount).

Notes:

* Add other categories as needed, following the order of the budget in the PD.
* Delete sections not needed.