

**NEBRASKA EPSCoR
PROPOSAL BUDGET AND APPROVAL FORM**

W192 Nebraska Hall, Lincoln, NE 68588-0557
Voice (402) 472-8946 FAX (402) 472-8948

Begin Date: _____ End Date: _____		PI CAMPUS & DEPARTMENT:					
NE EPSCoR PROGRAM:		ADDRESS:					
FED. AGENCY/PROGRAM (if applicable):							
PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR:							
PROJECT TITLE:		PHONE:					
		EMAIL:					
A. SENIOR PERSONNEL: PI/PD, Co-PI's, Faculty and other Senior Associates (List each separately with title; A.7 show number in brackets)		Person-mos.			Funds Requested From EPSCoR	Non-Federal * Matching Funds	Project Cost
		CAL	ACAD	SUMR			
1.							
2.							
3.							
4.							
5.							
6.							
7.	() TOTAL SENIOR PERSONNEL (1-6)						
B. OTHER PERSONNEL (SHOW NUMBERS IN BRACKETS)							
1.	() POST DOCTORAL ASSOCIATES						
2.	() OTHER PROFESSIONALS (TECHNICIAN, PROGRAMMER, ETC.)						
3.	() GRADUATE STUDENTS						
4.	() UNDERGRADUATE STUDENTS						
5.	() SECRETARIAL-CLERICAL (IF CHARGED DIRECTLY)						
6.	() OTHER						
TOTAL SALARIES AND WAGES (A+B)							
C. FRINGE BENEFITS (IF CHARGED AS DIRECT COSTS)							
TOTAL SALARIES, WAGES, AND FRINGE BENEFITS (A+B+C)							
D. EQUIPMENT (LIST ITEM AND DOLLAR AMOUNT FOR EACH ITEM.)							
TOTAL EQUIPMENT							
E. TRAVEL 1. DOMESTIC (INCL. CANADA AND U.S. POSSESSIONS)							
2. FOREIGN							
F. PARTICIPANT SUPPORT COSTS							
1.	STIPENDS \$ _____						
2.	TRAVEL _____						
3.	SUBSISTENCE _____						
4.	OTHER _____						
() TOTAL PARTICIPANT COSTS							
G. OTHER DIRECT COSTS							
1 MATERIALS AND SUPPLIES							
2 PUBLICATION COSTS/DOCUMENTATION/DISSEMINATION							
3 CONSULTANT SERVICES							
4 COMPUTER SERVICES							
5 SUBAWARDS							
6 OTHER							
TOTAL OTHER DIRECT COSTS							
H. TOTAL DIRECT COSTS (A THROUGH G)							
I. INDIRECT COSTS (SPECIFY RATE AND BASE)							
TOTAL INDIRECT COSTS							
J. TOTAL DIRECT AND INDIRECT COSTS (H+I) / AMOUNT REQUESTED							
PI/PD TYPED NAME & SIGNATURE			DATE		* If matching fund (cost share) is specified, the authorizing signature(s) and account numbers must be provided. (see page 2)		
PI's DEPARTMENT CHAIR or SUPERVISOR TYPED NAME & SIGNATURE			DATE				

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Co-PIs & other Investigators if applicable.				
Co-PI Name/Title	Campus/Department	Campus Address, Zip	Tele. #	Email

UNIVERSITY COST SHARE AND/OR MATCHING FUNDS APPROVAL Signature constitutes commitment of funds from the indicated account(s). Cost object numbers are required for match. Except as covered by written authorization for this project, this application does not obligate the University for funds for additional facilities, equipment, remodeling, extra operating funds, or matching funds, or for the establishment of new organizations, courses or programs not previously approved. This application is judged to be consistent with the objectives and capabilities of the department(s), college(s) and university represented by the signatures below. Signatures indicate the approval of submission of this proposal and if awarded, compliance with all University, State of Nebraska and funding agency policies and regulations.

Signature required only if cost share is specified.	Cost Share Authorization	Cost object number	Amount (\$)
	Name & Position		
	Signature		
	Name & Position		
	Signature		
	Name & Position		
Signature			

Institution Approval	Institutional Authorization	
	Name & Position	
	Signature	

* All budget forms must be accompanied by a proposal or a project description.

FOR NEBRASKA EPSCoR OFFICE USE:

Account Name _____ Account No. _____

Approved _____ Date _____