**NEBRASKA EPSCoR PROPOSAL BUDGET AND APPROVAL FORM**

<table>
<thead>
<tr>
<th>Person-mos.</th>
<th>Funds Requested From EPSCoR</th>
<th>Non-Federal * Matching Funds</th>
<th>Project Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAL</td>
<td>ACAD</td>
<td>SUMR</td>
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</table>

A. **SENIOR PERSONNEL: PI/PD, Co-PI’s, Faculty and other Senior Associates**
   (List each separately with title; A.7 show number in brackets)

1. 
2. 
3. 
4. 
5. 
6. 
( ) 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)**

TOTAL INDIRECT COSTS

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

PI’s DEPARTMENT CHAIR or SUPERVISOR TYPED NAME & SIGNATURE

DATE

* If matching fund (cost share) is specified, the authorizing signature(s) and account numbers must be provided. (see page 2)
## Co-PIs & other Investigators if applicable.

<table>
<thead>
<tr>
<th>Co-PI Name/Title</th>
<th>Campus/Department</th>
<th>Campus Address, Zip</th>
<th>Tele. #</th>
<th>Email</th>
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### 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.

<table>
<thead>
<tr>
<th>Signature required only if cost share is specified.</th>
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<td>Name &amp; Position</td>
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### Institution Approval

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

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**FOR NEBRASKA EPSCoR OFFICE USE:**

**Account Name** ____________________________  **Account No.** ____________________________

**Approved** ____________________________  **Date** ____________________________