**LIBH BUDGET (Direct Costs)**

From To

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PI and Co-Sponsor Name& Title** | **% Effort** | **Salary\*\*** | **Fringe Benefits\*** | **Total** |
|  |  |  |  |  |
|  |  |  |  |  |
| **OTHER PERSONNEL**: (List number in brackets)  ( ) Postdoctoral Associates |  |  |  |  |
| ( ) Graduate Students |  |  |  |  |
| ( ) Other (Specify) |  |  |  |  |
| Total all personnel |  |  | (a) |  |
| **EQUIPMENT**: (Itemize - unit value of $5000 or more. Must have prior approval)  (b) | | | |  |
| **ANIMAL RESEARCH**: (Include description, purchase price and maintenance)  (c) | | | |  |
| **SUPPLIES**: (Itemize by category. Computers must have prior approval and must be directly relevant to this project)  (d) | | | |  |
| **OTHER EXPENSES**: (Itemize by category)  (e) | | | |  |
| **TUITION** (Required for all SBU applications with graduate students budgeted on the project)  (f) | | | |  |
| **TOTAL COSTS** (add a - f) | | | |  |

\* Use appropriate fringe benefit rate per your host institution

\*\*Full-time Faculty on NY state payroll cannot request salary reimbursement

**COMPANY CONTRIBUTION BUDGET**

From To

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PI and Co-Sponsor Name& Title** | **% Effort** | **Salary** | **Fringe Benefits\*** | **Total** |
|  |  |  |  |  |
|  |  |  |  |  |
| **OTHER PERSONNEL**: (List number in brackets)  ( ) Postdoctoral Associates |  |  |  |  |
| ( ) Graduate Students |  |  |  |  |
| ( ) Other (Specify personnel; Please note that company personnel costs cannot be considered in matching funds.) |  |  |  |  |
| Total all personnel |  |  | (a) |  |
| **EQUIPMENT**: (Itemize - unit value of $5000 or more. Must have prior approval)  (b) | | | |  |
| **ANIMAL RESEARCH**: (Include description, purchase price and maintenance)  (c) | | | |  |
| **SUPPLIES**: (Itemize by category. Computers must have approval)  (d) | | | |  |
| **OTHER EXPENSES**: (Itemize by category)  (e) | | | |  |
| **TUITION** (Required for all SBU applications with graduate students budgeted on the project)  (f) | | | |  |
| **TOTAL DIRECT COSTS** (add a-f)  (g) (add a - f) | | | |  |
| **INDIRECT COSTS**: 15% of Total Direct Costs  (h) | | | |  |
| **TOTAL COSTS**  (add g+ h) | | | |  |

\* Use appropriate fringe benefit rate per your host institution