**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