



**INITIAL TOTAL BUDGET FOR JGP  
YEAR 1 & projected YEAR 2**

Total Budget for YEAR 1					
Title of Project:					
Name of Applicant: (Last, First, Middle; Degree)					
Role on Project	% Effort on Project	Inst. Base Salary	Salary Requested	Fringe Benefits	Total
Equipment:					
Supplies:					
Travel:					
Indirect Costs:					
Other:					
<b>Total costs for budget period</b>					

Comments:

Total Proposed Budget for YEAR 2					
Title of Project:					
Name of Applicant: (Last, First, Middle; Degree)					
Role on Project	% Effort on Project	Inst. Base Salary	Salary Requested	Fringe Benefits	Total
Equipment:					
Supplies:					
Travel:					
Indirect Costs:					
Other:					
<b>Total costs for budget period</b>					

Comments:

Name of **Financial or Institutional Officer** (Last, First, Middle, Degree if applicable, and title)

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Signature of Financial Officer

Date

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Note: Refer to award guidelines for authorized vs unauthorized expenses.  
 Fringe benefits cannot exceed 20% of requested salary; indirect costs cannot exceed 8%.