

FRINGE BENEFITS – MUST COMPLY WITH OMB CIRCULAR A-21 Indicate employee, appropriate negotiated rate for each and description of who the rate applies to. (e.g. – Sam Smith, 25%, Summer Faculty. This rate is negotiated between the university and it's cognizant agency

										FY1	FY2	FY3	FY4	TOTAL
NAME OF INDIVIDUAL										RATE DESCRIPTION				
(% rate, enter as a decimal)	FY1		FY2		FY3		FY4							
NAME OF INDIVIDUAL										RATE DESCRIPTION				
(% rate, enter as a decimal)	FY1		FY2		FY3		FY4							
NAME OF INDIVIDUAL										RATE DESCRIPTION				
(% rate, enter as a decimal)	FY1		FY2		FY3		FY4							
NAME OF INDIVIDUAL										RATE DESCRIPTION				
(% rate, enter as a decimal)	FY1		FY2		FY3		FY4							
NAME OF INDIVIDUAL										RATE DESCRIPTION				
(% rate, enter as a decimal)	FY1		FY2		FY3		FY4							
NAME OF INDIVIDUAL										RATE DESCRIPTION				
(% rate, enter as a decimal)	FY1		FY2		FY3		FY4							
NAME OF INDIVIDUAL										RATE DESCRIPTION				
(% rate, enter as a decimal)	FY1		FY2		FY3		FY4							
SUB-TOTAL FRINGE BENEFITS														

SUBCONTRACTOR – MUST COMPLY WITH OMB CIRCULAR A-21. A copy of the subcontractor's budget must be attached. An MDOT approved subcontract is required for subcontractor costs in excess of \$25,000 prior to payment of invoices that contain subcontractor work. List all subcontractors on a separate line.

SUBCONTRACTOR NAME & AMOUNT														
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SUB-TOTAL SUBCONTRACTOR														

TRAVEL – MUST COMPLY WITH OMB CIRCULAR A-21. Must be in accordance with IDS contract requirements.

	FY1	FY2	FY3	FY4	TOTALS
In-State Travel (Destinations within Michigan) Provide destination, purpose, total mileage, total # of days, total # of meals, Total # trips, name of individual(s) traveling					
Out-of-State Travel (Prior approval required) Provide destination purpose, total mileage, total # of days, total # of meals, total # trips, name of individual(s) traveling.					
SUB-TOTAL TRAVEL					

SUPPLIES – MUST COMPLY WITH OMB CIRCULAR A-21 (Few items not allowed are: computers, printers, monitors, fax machines, printer paper, toner cartridges, pens, pencils, legal pads, clips, rubber bands, post-it notes, books, notebooks, binders, folders, diskettes, postage stamps, chairs, office furniture, calendars, paper punches, business cards, staples, waste cans, etc.) Provide details if cost exceeds \$2,000. Individual line items in excess of \$1,000 require a detailed explanation regardless of total cost.

DESCRIPTION					
DESCRIPTION					
DESCRIPTION					
DESCRIPTION					
DESCRIPTION					
DESCRIPTION					
DESCRIPTION					
DESCRIPTION					
SUB-TOTAL SUPPLIES					

CAPITAL EQUIPMENT – MUST COMPLY WITH OMB CIRCULAR A-21. Purchased specifically for this project. List items with a value in excess of \$500. Equipment in excess of \$5,000 requires prior approval.

DESCRIPTION					
DESCRIPTION					
DESCRIPTION					
DESCRIPTION					
DESCRIPTION					
DESCRIPTION					
DESCRIPTION					
SUB-TOTAL EQUIPMENT					

