SUMMARY PROPOSAL BUDGET FORM			FOR INTERNAL USE ONLY			
ORGANIZATION			TONINTENIN		DURATION (MONTHS)	
CICO/INIZ/IIIOI					, ,	
PRINCIPAL INVESTIGATOR/PROJECT DIRECTOR			AWARD NO.		Proposed	Granted
TRINOIT AL INVESTIGATION ROSEST BIRESTOR			AWAIN	D NO.		
A. SENIOR PERSONNEL:			Funded		Funds	Funds
Salary and fringe for Pl's, Co-Pl's or Technicians NOT ALLOWED for PIRA Funding			Person-months or hourly rate)		Requested	Requested
		**RATE	% OF	MOS	Year 1	Year 2
1.					\$	\$
2.						
3. 4. () OTHERS (LIST INDIVIDUALLY ON BUDGET EXPLANATION PAGE)						
5. () TOTAL SENIOR PERSONNEL (1-5)						
B. OTHER PERSONNEL (SHOW NUMBERS IN BRACKETS) 1. () POST DOCTORAL ASSOCIATES					1	
2. () GRADUATE STUDENTS						
3. () UNDERGRADUATE STUDENTS						
4. () OTHER: (PROVIDE EXPLANATION)						
5. ()						
6. ()						
TOTAL SALARIES AND WAGES (A + B)						
C. FRINGE BENEFITS - PLEASE PROVIDE DETAIL OF THE CALCULATION ON AN ATTACHMENT						
TOTAL SALARIES, WAGES AND FRINGE BENEFITS (A + B + C)						
D. EQUIPMENT (LIST ITEM AND DOLLAR AMOUNT FOR EACH ITEM EXCEEDING \$5,000.)						
TOTAL FOLIRMENT						I
TOTAL EQUIPMENT E. TRAVEL 1. DOMESTIC (INCL. CANADA, MEXICO AND U.S. POSSESSIONS)						
2. FOREIGN (PROVIDE PER DIEM, DAYS OF STAY, AND PURPOSE)						
F. OTHER DIRECT COSTS						
1. SUPPLIES/MATERIALS						
2. COMPUTER						
3. PUBLICATIONS (provide detail)						
4. CONTRACTUAL SERVICES (provide details)						
5.						
6.						
7.						
TOTAL OF OTHER DIRECT COSTS						
G. TOTAL DIRECT COSTS (A THROUGH F)						
H. AMOUNT OF THIS REQUEST						\$
TI. AMOUNT OF ITHOREGOEST						9
PI/PD TYPED NAME AND SIGNATURE*		Ē			I	I
			VERIFICATION			
ORG. REP. TYPED NAME & SIGNATURE*		F	Date C	hecked		
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