

PROJECT BUDGET
Department of Natural Resources

EXHIBIT A

FY _____

Project Title					
Contractor Address/Phone Number			Principal Investigator/Project Director		
Duration of Project (# months)	Total Estimated Costs	# Months this Fiscal Period	Funding Request for this Fiscal Period		
A. Personnel Services (list by name)			Monthly Rate (\$)	Total Months Required	Funding Requested
P.I./P.D.					
Project Manager					
Other Professionals					
Fringe Benefits (if charged as direct costs)					
Subtotal					
Other Salaries and Wages (list numbers in brackets)			Monthly Rate (\$)	Total Months Required	Funding Requested
Other Professionals					
Technical and Shop					
Secretarial/Clerical					
Other					
Fringe Benefits (if charged as direct costs)					
Subtotal					\$
			Total Salaries, Wages & Fringe Benefits		\$
B. Equipment - General and Special Purpose (List items and dollar amounts; written approval must be obtained for any equipment items not originally budgeted over \$100)					
					\$

C. Travel (List destination and amount of each trip; written approval for out-of-state travel must be obtained from DNR)	
Total	\$
D. All Other Direct Costs (List items and dollar amounts)	
Computer Services	
Duplicating	
Materials/Supplies	
Postage	
Publication Charges	
Telephone	
Other (List)	
Total	\$
E. Subcontractor Consultant Disclosure (Name, address, amount. Details of subcontracts should be explained in full in proposal.)	
	\$
Total Direct Costs (A through E)	\$
F. Indirect Costs (Specify rate)	\$
G. Total Proposed DNR Funding	\$
H. Cost Sharing Matching Proposed	\$
I. Total Project Costs Proposed	\$

J. Remarks	
Signature of Principal Investigator/Project Director	Typed or Printed Name and Title
Signature of Authorized Official	Typed or Printed Name and Title