Michigan Department Of Transportation 5319 (10/12)

## RESEARCH PROPOSAL BUDGET FORM WORKSHEET

0010	(10/12)																
PROJECT TITLE						RESE	RESEARCH ORGANIZATION				DATE						
SALARIES & Examples of r									to be worked and h	nourly rate for each inc	dividual below.						
									FY1	FY2	FY3		FY4	TOTAL			
NAME OF IN	DIVIDUAL								ROLE OF INC	DIVIDUAL							
Enter FY	FY1 rate	FY1 hrs	FY2 rate	FY2 hrs	FY3 rate	FY3 hrs	FY4 rate	FY4 hrs									
Rate & Hrs																	
NAME OF INDIVIDUAL									ROLE OF INDIVIDUAL								
Enter FY	FY1 rate	FY1 hrs	FY2 rate	FY2 hrs	FY3 rate	FY3 hrs	FY4 rate	FY4 hrs	II.								
Rate & Hrs																	
NAME OF INDIVIDUAL									ROLE OF INDIVIDUAL								
Enter FY	FY1 rate	FY1 hrs	FY2 rate	FY2 hrs	FY3 rate	FY3 hrs	FY4 rate	FY4 hrs									
Rate & Hrs																	
NAME OF INDIVIDUAL									ROLE OF INDIVIDUAL								
Enter FY	FY1 rate	FY1 hrs	FY2 rate	FY2 hrs	FY3 rate	FY3 hrs	FY4 rate	FY4 hrs	•								
Rate & Hrs																	
NAME OF INDIVIDUAL									ROLE OF INDIVIDUAL								
Enter FY	FY1 rate	FY1 hrs	FY2 rate	FY2 hrs	FY3 rate	FY3 hrs	FY4 rate	FY4 hrs									
Rate & Hrs																	
NAME OF INDIVIDUAL									ROLE OF INDIVIDUAL								
Enter FY	FY1 rate	FY1 hrs	FY2 rate	FY2 hrs	FY3 rate	FY3 hrs	FY4 rate	FY4 hrs									
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NAME OF INDIVIDUAL									ROLE OF INI	ROLE OF INDIVIDUAL							
Enter FY	FY1 rate	FY1 hrs	FY2 rate	FY2 hrs	FY3 rate	FY3 hrs	FY4 rate	FY4 hrs									
Rate & Hrs																	
NAME OF IN	DIVIDUAL								ROLE OF INI	DIVIDUAL							
Enter FY	FY1 rate	FY1 hrs	FY2 rate	FY2 hrs	FY3 rate	FY3 hrs	FY4 rate	FY4 hrs	<u> </u>								
Rate & Hrs																	
					SUE	B-TOTAL	SALARY	& WAGES									
										•				•			

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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 FY1 FY2 FY3 FY4 a decimal) NAME OF INDIVIDUAL RATE DESCRIPTION (% rate, enter as FY1 FY2 FY3 FY4 a decimal) NAME OF INDIVIDUAL RATE DESCRIPTION (% rate, enter as FY1 FY2 FY3 FY4 a decimal) NAME OF INDIVIDUAL RATE DESCRIPTION (% rate, enter as FY1 FY2 FY3 FY4 a decimal) NAME OF INDIVIDUAL RATE DESCRIPTION (% rate, enter as FY1 FY2 FY3 FY4 a decimal) NAME OF INDIVIDUAL RATE DESCRIPTION (% rate, enter as FY1 FY2 FY3 FY4 a decimal) NAME OF INDIVIDUAL RATE DESCRIPTION (% rate, enter as FY2 FY1 FY3 FY4 a decimal) NAME OF INDIVIDUAL RATE DESCRIPTION (% rate, enter as FY2 FY1 FY3 FY4 a decimal) **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 SUBCONTRACTOR NAME & AMOUNT

SUB-TOTAL SUBCONTRACTOR

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

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

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OTHER EXPENSES - MUST COMPLY WITH OMB CIRCULAR A-21 (Few items not allowed are: memberships in professional & scientific organizations, local telephone lines, cell phones, etc) Any project expense which does not fall into another category. Provide detailed explanation of the expense and applicable breakdown of costs (e.g., graduate student tuition). **TOTAL** FY1 FY2 FY3 FY4 DESCRIPTION DESCRIPTION **DESCRIPTION DESCRIPTION** DESCRIPTION **SUB-TOTAL OTHER EXPENSES TOTAL SUB-TOTALS** INDIRECT COSTS - MUST COMPLY WITH OMB CIRCULAR A-21. Indirect cost rates are negotiated between the university and it's cognizant agency. Indicate the type of negotiated indirect rate used and the percentage (e.g., On Campus Research, 52%) TYPE PERCENTAGE (%) ENTER AS A DECIMAL FY1 FY2 FY3 FY4 Enter \$ Amt per FY **TOTAL INDIRECT COSTS TOTAL PROJECT COSTS UNIVERSITY MATCHING FUNDS TOTAL MDOT PROJECT COSTS**