**Annual Budget Template**A budget justification should accompany this template. Please attach additional information as necessary.

Lead Organization:

Start Date: End Date: Budget Year:

A. Senior/Key Person

	Prefix	First	Last	Suffix	Project Role	Base	Calendar	Academic	Summer	Requested	Fringe	Funds
		Name	Name			Salary	Months	Months	Months	Salary (\$)	Benefits	Requested
						(\$)					(\$)	(\$)
1												
2												
3												
4												
5												
6												
Total						•	•	•				

Total Senior/Key Person:

Additional Senior/Key Persons:

## B. Other Personnel

Number of Personnel	Project Role	Calendar Months	Academic Months	Summer Months	Requested Salary (\$)	Fringe Benefits (\$)	Funds Requested (\$)
	Post Doctoral Associates						
	Graduate Students						
	Undergraduate Students						
	Secretarial/Clerical						
Total			_	_	_	_	

Total Other Personnel:

Total Salary, Wage and Fringe Benefits (A + B):

## C. Consortium Activities Description

List items and dollar amounts for each item exceeding \$10,000. Submitters are encouraged to clearly describe budgeted items, so as to discern costs associated with research, public education and outreach, and data management areas.

	Equipment	Funds Requested (\$)
1		, \.,
2		
3		
4		
5		
6		
7		
8		
9		
10		
Total Equip	ment Cost	
	Travel	
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
Total Travel	Cost	
	Participant/Trainee Support Costs	
1		
2		
3		
4		
5		
6		
7		
8		

9							
10							
Total Partici	Total Participant/Trainee Support Costs						
	Other Direct Costs						
1	Materials and Supplies						
2	Publication Costs						
3	Consultant Services						
4	ADP/Computer Services						
5	5 Subawards/Consortium/Contractual Costs						
6	Equipment or Facility Rental/User Fees						
7	Ship, AUV, ROV, and Aircraft Time						
8							
9							
10	10						
Total Other I	Total Other Direct Costs						
Total Direct	Total Direct Costs (A-C)						

## D. Indirect Costs

	Indirect Cost Type	Indirect Cost Rate (%)	Indirect Cost Base (\$)	Funds Requested (\$)		
1						
2						
3						
4						
Total Indi	Total Indirect Costs					

Cognizant Federal Agency (Agency Name, POC Name, and POC Phone Number):

E. Total Direct and Indirect Costs (A-D):

F. Additional Items:

G. Total Funds Requested: