

ECpE Proposal Budget Development

This form is due to Grant Coordinator at least 10-12 days prior to Submission Deadline if
Budget Development assistance is needed.

For special circumstances more notice to prepare a budget may be needed (i.e. multiple co-pi's, subcontracts,
intellectual property, security clearance, cost share, etc.)

Submission Deadline Date: _____ Please pick this type of proposal

Sponsor Name: _____

Prime Sponsor (if applicable): _____

Program Guidelines (Title and #): _____

Senior Personnel

PI Name: _____

Department/Center/College: _____

Co PI Name(s): _____

Department/Center/College: (required) _____

Co PI Name(s): _____

Department/Center/College: (required) _____

Proposal Title: _____

Start Date & End Date: _____ Targeted Budget Amount \$: _____

Salaries

PI/Co PI Salaries: (If requesting Academic Months there must be written approval from Dept. Chair).

_____ # of summer months; _____ # of academic months; _____ # of calendar months

Sr. Personnel (Other): _____

Other Personnel Salaries:

Post Docs # of: _____; Proposed beginning salary \$ _____; # of Calendar Months _____

Graduate Students # of: _____; Proposed beginning salary \$ _____; # of Calendar Months _____

Ph D: _____; # Masters: _____ Engineering students: Yes _____; No _____

Hourly Undergraduates # of: _____; Proposed beginning salary \$ _____; # of Calendar Months _____

P & S Staff # of: _____; Proposed beginning salary _____; # of Calendar Months _____

Misc. Salaries Information: _____

Equipment: (Details of equipment that can be tagged and over \$5,000 in value - attach):

Travel:

Domestic: \$ _____ per year

International \$ _____ per year

Misc. Details: _____

Participant Support Costs?

Stipend \$ _____ Travel \$ _____ Subsistence \$ _____ Other \$ _____

Misc. Details: _____

Other Direct Costs:

Materials and Supplies \$ _____ Per Year (Cannot be personal computers, printers, toner, etc.)

Publication Costs \$ _____ Per Year

Computing support \$ _____ Per Year

Instrumentation facility \$ _____ Per Year

Misc. Details: _____

Tuition: What semester/academic year will students begin work?

Spring _____ Fall _____ Summer _____ Year 20 _____

Other Expenses:

Other (cost) \$ _____

(Description of Other) _____

List name of Collaboratives or Sub Contracts:

Miscellaneous Notes to Grant Coordinator to complete budget: _____

Email completed ECpE Budget Development & ECpE Gold Sheet Request to
Karin Lawton-Dunn, kldunn@iastate.edu.
You may contact 515-294-5929 for additional assistance.