

FY2019 State Economic Engagement & Development (SEED)
Budget Form

Section A. Worksheet/Justification

Personnel: Estimate salary rates for fiscal year in which they will be charged.

1. Academic Staff

Name & Title (if known)	\$ Salary	Period MM/YY thru MM/YY	% Time Requested	\$ Salary Requested	\$ Fringe Requested	\$ Total Requested
Total \$						

2. Research Associates (Postdocs)

Name (if known)	\$ Salary	Period MM/YY thru MM/YY	% Time Requested	\$ Salary Requested	\$ Fringe Requested	\$ Total Requested
Total \$						

3. Research Assistants/Project Assistants (tuition remission required for each \geq 33.3% appointment as indicated in Section B)

Name & Title (if known)	Annual or Academic	\$ Salary	Period MM/YY thru MM/YY	% Time Requested	\$ Salary Requested	\$ Fringe Requested	\$ Total Requested
	<input type="checkbox"/> Annual <input type="checkbox"/> Academic						
	<input type="checkbox"/> Annual <input type="checkbox"/> Academic						
Total \$							

4. Classified/LTE

Name & Title (if known)	Hourly Rate	Period MM/YY thru MM/YY	% Time Requested	\$ Salary Requested	\$ Fringe Requested	\$ Total Requested
Total \$						

5. Student Hourly

\$ Wages Requested	\$ Fringe Requested	\$ Total Requested

Travel, Equipment and Supplies

6. Project Travel (Justify travel required for the project; no conference travel allowed.) Total \$ _____

7. Supplies, Expenses, and Computing Time (Detailed list of items and cost for each item) Total \$ _____

8. Capital Equipment--List item over \$5,000, its proposed use, value, and amount requested from SEED.

Item description	Proposed Use/Justification	Value	Amount Requested

Section B. Budget Summary

1. Academic Staff (including fringe benefits)	
2. Research Associate (including fringe benefits)	
3. Research Assistant/Project Assistant (including fringe benefits)	
4. Classified or LTE (including fringe benefits)	
5. Student Hourly (including fringe benefits)	
Total Personnel	
6. Project Travel	
7. Supplies, Equipment, Computing Time	
8. Capital Equipment	
9. Tuition Remission (\$12,000 per ≥ 33.3% PA or RA academic appointment)	
Total Travel, Supplies, Equipment & Tuition Remission	
Total Direct Costs	

Section C. Current and Pending Support
 (Please add additional rows as necessary.)

Name of Individual:		
For all active and pending support, please provide the following information:		
Project Number (Principal Investigator) Source Title of Project (or Subproject) The major goals of this project are...	Date of Approved/Proposed Project Annual Direct Costs	Person Months
Active Awards:		
Pending Awards:		

