

INSTAAR PROPOSAL FORM: BUDGET REQUEST

Instructions: Give this required form and a draft budget to the Chief Financial Officer at least 2 weeks before submission. For details on the proposal process, see <http://instaar.colorado.edu/other/proposals.html>

1. Today's Date: 2. Principal Investigator: 3. PI Phone: 4. PI Email:		5. CU Co-PI's (Name & Department):																																					
6. Proposed Project Start Date:		7. Project Duration:																																					
8. Proposal Full Title:																																							
9. Receipt Deadline:	10. Postmark Deadline:	11. Sponsoring Agency, Division, & Program:																																					
16. Response to special announcement? <input type="checkbox"/> Yes 17. If Yes on 16, Announcement #: 18. If Yes on 16, Website URL for announcement/guidelines:		12. Program Manager/Contact Person: <p style="text-align: center;"><i>Submit to</i></p> 13. Name: 14. Street Address/P.O. box: 15. City, State, Zip:																																					
19. Electronic submission? <input type="checkbox"/> Yes 20. If Yes on 19, agency: <input type="checkbox"/> NSF <input type="checkbox"/> Grants.Gov <input type="checkbox"/> Other 21. If NSF on 20, FastLane password:		23. Overhead Rate <input type="checkbox"/> On-Campus <input type="checkbox"/> Off-Campus <input type="checkbox"/> Other, describe here: 24. Split DA ICR with Other Departments? <input type="checkbox"/> Yes 25. If Yes on 24, list percentage for each Department. Total percentage must be 12.5% (INSTAAR 87.5%) _____ % Dept Name: _____ _____ % Dept Name: _____ _____ % Dept Name: _____																																					
22. Type of Proposal: <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Supplement to Project # _____ Award # _____ <input type="checkbox"/> Revision to Project # _____ Proposal # _____ <input type="checkbox"/> Research <input type="checkbox"/> Training <input type="checkbox"/> Public Service <input type="checkbox"/> Other <input type="checkbox"/> Grant <input type="checkbox"/> Contract – CR – Cost Reimbursable <input type="checkbox"/> Contract – FP – Fixed Price		26. Collaborators from other Universities? <input type="checkbox"/> Yes 27. If Yes on 26, which institution is prime?: _____																																					
26. Collaborators from other Universities? <input type="checkbox"/> Yes 27. If Yes on 26, which institution is prime?: _____		28. Subcontractors? <input type="checkbox"/> Yes																																					
29. Contact info for Collaborators (Collab) and Subcontractors (Sub):																																							
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Type</th> <th style="width: 20%;">Person Name</th> <th style="width: 20%;">Institution</th> <th style="width: 10%;">Role</th> <th style="width: 15%;">Phone</th> <th style="width: 25%;">Email</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> Collab <input type="checkbox"/> Sub</td> <td></td> <td></td> <td><input type="checkbox"/> Science <input type="checkbox"/> Admin</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Collab <input type="checkbox"/> Sub</td> <td></td> <td></td> <td><input type="checkbox"/> Science <input type="checkbox"/> Admin</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Collab <input type="checkbox"/> Sub</td> <td></td> <td></td> <td><input type="checkbox"/> Science <input type="checkbox"/> Admin</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Collab <input type="checkbox"/> Sub</td> <td></td> <td></td> <td><input type="checkbox"/> Science <input type="checkbox"/> Admin</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Collab <input type="checkbox"/> Sub</td> <td></td> <td></td> <td><input type="checkbox"/> Science <input type="checkbox"/> Admin</td> <td></td> <td></td> </tr> </tbody> </table>				Type	Person Name	Institution	Role	Phone	Email	<input type="checkbox"/> Collab <input type="checkbox"/> Sub			<input type="checkbox"/> Science <input type="checkbox"/> Admin			<input type="checkbox"/> Collab <input type="checkbox"/> Sub			<input type="checkbox"/> Science <input type="checkbox"/> Admin			<input type="checkbox"/> Collab <input type="checkbox"/> Sub			<input type="checkbox"/> Science <input type="checkbox"/> Admin			<input type="checkbox"/> Collab <input type="checkbox"/> Sub			<input type="checkbox"/> Science <input type="checkbox"/> Admin			<input type="checkbox"/> Collab <input type="checkbox"/> Sub			<input type="checkbox"/> Science <input type="checkbox"/> Admin		
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30. Comments / Unusual Aspects / Instructions:																																							