

## ORSP Endorsement Form Summary Budget Data

PI Last Name:

PI First Name:

Sponsor Name:

Proposal Development Number:

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**13. BUDGET DATA**

Graduate Students #:

F/T Equivalent #:

Person Months #:

Sponsor Funding	Initial / Continuation Budget Period	Total Budget Period	14. Cost-Sharing:
Requested Start Date (mm/dd/yy)			Cost % or Ratio: _____
Requested End Date (mm/dd/yy)			<u>Total Cost Sharing Budget:</u>
Total Direct Costs			Total Direct Costs: \$ _____
Total F&A Costs			Total F&A Costs: \$ _____
<b>TOTAL COSTS</b>			Total Costs: \$ _____

15. Applicable F&A Costs:

Rate: \_\_\_\_\_ %

Base Rate: \_\_\_\_\_

On Campus      Off Campus

If "other", please define

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16. F&A exception: Yes      No      If yes, please attach exception approval or Sponsor Guidelines.

17.      Check here if a pre-established F&A cost return is in place. Please attach supporting documentation.