|  |  |  |  |
| --- | --- | --- | --- |
|  |  | | |
|  | | | |
| **(NMSU) DETAILED BUDGET FOR INITIAL BUDGET PERIOD****DIRECT COSTS ONLY** | | FROM | THROUGH |
| Sep 2023 | Augl 2024 |

|  |  |
| --- | --- |
| List PERSONNEL *(Applicant organization only)*  Use Cal, Acad, or Summer to Enter Months Devoted to Project  Enter Dollar Amounts Requested *(omit cents)* for Salary Requested and Fringe Benefits | **NMSU Fringe rates 2022/2023** Regular: ----%;  Temporary/Summer: ------%  Undergrads: ------%; Grads: ------% |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME | ROLE ON PROJECT | Cal.  Mnths | Acad.  Mnths | Summer  Mnths | | INST.BASE SALARY | SALARY REQUESTED | FRINGE BENEFITS | | TOTAL |
|  | PD/PI |  |  |  | |  |  |  | |  |
|  |  |  |  |  | |  |  |  | |  |
|  |  |  |  |  | |  |  |  | |  |
|  |  |  |  |  | |  |  |  | |  |
|  |  |  |  |  | |  |  |  | |  |
|  |  |  |  |  | |  |  |  | |  |
| SUBTOTALS | | | | | | |  |  | |  |
| CONSULTANT COSTS | | | | | | | | | |  |
| EQUIPMENT *(Itemize)* | | | | | | | | | |  |
| SUPPLIES *(Itemize by category)* | | | | | | | | | |  |
| TRAVEL (state if international travel is anticipated and identify country) | | | | | | | | | |  |
| INPATIENT CARE COSTS | | | | | | | | | |  |
| OUTPATIENT CARE COSTS | | | | | | | | | |  |
| ALTERATIONS AND RENOVATIONS *(Itemize by category)* | | | | | | | | | |  |
| OTHER EXPENSES *(Itemize by category)* | | | | | | | | | |  |
| CONSORTIUM/CONTRACTUAL COSTS | | | | | DIRECT COSTS | | | |  | |
| SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD *(Item 7a, Face Page)* | | | | | | | | | $ |  |
| CONSORTIUM/CONTRACTUAL COSTS | | | | | FACILITIES AND ADMINISTRATIVE COSTS | | | |  | |
| TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD | | | | | | | | | $ |  |

PHS 398 (Rev. 03/16 Approved Through 10/31/2018) OMB No. 0925-0001 **Form Page 4**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD DIRECT COSTS ONLY (NMSU)** | | | | | | | |
| BUDGET CATEGORY TOTALS | INITIAL BUDGET PERIOD *(from Form Page 4)* | 2nd ADDITIONAL YEAR OF SUPPORT REQUESTED | 3rd ADDITIONAL YEAR OF SUPPORT REQUESTED |  | |  | |
| PERSONNEL: *Salary and fringe benefits. Applicant organization only*. |  |  |  |  | |  | |
| CONSULTANT COSTS |  |  |  |  | |  | |
| EQUIPMENT |  |  |  |  | |  | |
| SUPPLIES |  |  |  |  | |  | |
| TRAVEL |  |  |  |  | |  | |
| INPATIENT CARE COSTS |  |  |  |  | |  | |
| OUTPATIENT CARE  COSTS |  |  |  |  | |  | |
| ALTERATIONS AND RENOVATIONS |  |  |  |  | |  | |
| OTHER EXPENSES |  |  |  |  | |  | |
| DIRECT CONSORTIUM/ CONTRACTUAL COSTS |  |  |  |  | |  | |
| SUBTOTAL DIRECT COSTS  *(Sum = Item 8a, Face Page)* |  |  |  |  | |  | |
| F&A CONSORTIUM/ CONTRACTUAL COSTS |  |  |  |  | |  | |
| TOTAL DIRECT COSTS |  |  |  |  | |  | |
| TOTAL DIRECT COSTS FOR ENTIRE PROPOSED PROJECT PERIOD | | | | | $ | |  |
| JUSTIFICATION. Follow the budget justification instructions exactly.  **Use continuation pages as needed.** | | | | |  | |  |