

## UT/ORNL Proposal Budget

Title		SAP Requisition Number		ORNL Subcontract # (if applicable)	
Proposed Duration (Number of Months):		CFDA Code:			
UT Principal Investigator/Project Manager		Phone Number	FAX	E-mail	
<b>A. UT Personnel:</b> List each separately with name and title		Appointment Type	% of Effort	Annual Salary	Total Requested from ORNL
1.					
2.					
3.					
4.					
5.					
6.					
7.					
<b>B. TOTAL SALARIES</b>					
<b>C. FRINGE BENEFITS PERCENT (list separately if different)</b>					<b>%</b>
<b>D. EQUIPMENT *</b>  (list additional equipment on separate page) TOTAL EQUIPMENT					
<b>E. TRAVEL*</b> 1. DOMESTIC					
2. FOREIGN					
<b>F. OTHER DIRECT COSTS*</b>					
1. MATERIALS AND SUPPLIES					
2. PUBLICATION/DOCUMENTATION/DISSEMINATION					
3. CONSULTANT SERVICES					
4. COMPUTER SERVICES					
5. SUBCONTRACTS					
6. STUDENT FEES					
7. OTHER					
TOTAL OTHER DIRECT COSTS (F1. through F.7.)					
<b>G. TOTAL DIRECT COSTS (A. through F.7)</b>					
<b>H. F&amp;A COSTS (SPECIFY RATE AND BASE)</b>					<b>%</b>
<b>I. TOTAL DIRECT AND F&amp;A (INDIRECT) COSTS (G+H)</b>					
<b>J. COST SHARING</b>					
UT PI/PM: NAME / SIGNATURE		DATE	APPROVED FOR UT: NAME / SIGNATURE		DATE
ORNL PI / PM NAME & SIGNATURE			PHONE NUMBER	DATE	

● For lines D. through F.7. , supporting documentation is required for each of those line items except F.6.

By submission of this Proposal Budget, The University of Tennessee confirms that there are not changes to the Representations and Certifications previously submitted on \_\_\_\_\_.