## DETAILED BUDGET FOR INITIAL BUDGET PERIOD
### DIRECT COSTS ONLY

**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

<table>
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<tr>
<th>NAME</th>
<th>ROLE ON PROJECT</th>
<th>Cal. Mnth</th>
<th>Acad. Mnth</th>
<th>Summer Mnth</th>
<th>INST.BASE SALARY</th>
<th>SALARY REQUESTED</th>
<th>FRINGE BENEFITS</th>
<th>TOTAL</th>
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**SUBTOTALS**

- CONSULTANT COSTS
- EQUIPMENT *(Itemize)*
- SUPPLIES *(Itemize by category)*
- TRAVEL
- INPATIENT CARE COSTS
- OUTPATIENT CARE COSTS
- ALTERATIONS AND RENOVATIONS *(Itemize by category)*
- OTHER EXPENSES *(Itemize by category)*

**CONSORTIUM/CONTRACTUAL COSTS**

**SUBTOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD** *(Item 7a, Face Page)*

**CONSORTIUM/CONTRACTUAL COSTS**

**TOTAL DIRECT COSTS FOR INITIAL BUDGET PERIOD**

PHS 398 (Rev. 08/12 Approved Through 8/31/2015)