

REQUEST FOR BUDGET DEVELOPMENT

Proposal Informa	tion									
Sponsor Name:										
RFP / Solicitation or We	bsite:									
Sponsor Deadline:										
Project Start Date:		P	roject End	Date:						
Will the project be: ☐Or (On- or Off-campus is decided ba				s being p	performed)					
Labor										
List all faculty who will b amount for budgeting. P										ollar
Faculty Name	Year 1	A/S	Year 2	A/S	Year 3	A/S	Year 4	A/S	Year 5	A/S
Ex. Dr. John Smith	2 months	S	2 months	S	25%	Α				
Graduate Research Ass How many? Support Staff / Post-Doo Include any additional p months, or dollar amour	Yearly Salar cs / Research ositions need	y: Sciented to	ntists / Lab	Incl Manag		in bud	lget? □Y∈	es n-State	□No □Out-o	f-State
Name:			% effort or	# mor	nths or \$ ar	nt:				
Name: % effort or # months or \$ amt:										
Name: % effort or # months or \$ amt:										
Additional comments, fu	irther detail, a	additio	nal employ	ees:						



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Other Direct Costs

Use the table below to plan what other expenses are needed to accomplish the project.

Category	Year 1	Year 2	Year 3	Year 4	Year 5
Equipment					
(item > \$5,000 each and Description:	l over 1 useful yea	r)			
Materials & Supplies					
Description:					
Travel					
Description:					
Subcontract / Consultant					
Description:					
Human Subject Expenses					
Description:					
Other Contractual Services / Vendors					
Description:					
Participant Support Costs					
Description:					
Cost Centers					
Name and Description:					
Other Expenses					
(ex. publication expense Description:	es, animal costs, et	c.)			



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Subcontractors / Consultants

If you will need any subcontractors or consultants for y Your Pre-Award Grant and Contract Administrator (GC office to obtain the documents required for the submissi	CA) will need to contact them or their sponsored program
Company Name:	Name/e-mail:
Company Name:	Name/e-mail:
Company Name:	Name/e-mail:
Cost Sharing	
Does the RFP or solicitation require cost sharing?	□Yes □No
	eet the cost share requirement? Remember to contact e. Feel free to complete a second "Request for Budget
http://www.odu.edu/facultystaff/research/funding/cost-	<u>sharing</u>
Contact Information	
Send this form to preaward@odu.edu and a Pre-Award assigned to put together an internal budget for you and submission.	d Grant and Contract Administrator (GCA) will be d work with you to complete the proposal package and
Please let us know of any questions that you may have	e regarding this form or any other processes such as:
 □ New to sponsored programs at ODU □ Completing the Proposal Transmittal Form (PTF) □ Help with the submission website □ Obtaining a User ID for the submission website □ Understanding indirect costs: http://www.odu.edu/fa □ Grant writing services offered through the Office of 	
five (5) full working days before the agency's deadline. Form. Five days of processing time will allow ODURF	e funding agency must be received by ODURF at least. This includes the fully signed Proposal Transmittal time to process and review the proposal internally and on systems, and give the needed flexibility during high
Additional information, comments, special requirement	:S: