

CITRUS ADVANCED TECHNOLOGY PROGRAM

BUDGET REVISION: Control of Citrus Greening, Canker & Emerging Diseases of Citrus



Project Title

Principal Investigator

Email

Original Budget Amount

Today's Date

Project Number

Revised Budget Amount

REVISED BUDGET NARRATIVE

CITRUS RESEARCH AND DEVELOPMENT FOUNDATION, INC.

SUBMIT REVISION

CITRUS ADVANCED TECHNOLOGY PROGRAM

BUDGET REVISION FORM: Control of Citrus Greening, Canker & Emerging Diseases of Citrus



Budget Instructions This is the Supplemental Subcontractor Expense Form. This form is supplied to support your Full Proposal Cover sheet that is supplied with your funding request. Information in this Budget Form will automatically calculate the totals for you.

INVESTIGATOR		TOTAL DIRECT ¹
PROJECT TITLE		

SALARIES					
	FTEs ²	AMOUNT ³	FRINGE ⁴	INSURANCE ⁵	TOTAL
FACULTY					
POST DOC					
STAFF					
PART-TIME OPS					
SUBTOTAL					
TOTAL SALARIES					

Notes

¹ **Total Direct** This is the total direct funds you are requesting from the program for the current year (not for the entire duration). This value will be calculated automatically from data entered into the form.

² **FTEs** Full-time equivalents.

³ **Amount** Dollar amount (\$US) of item listed.

⁴ **Fringe** Round off vacation, sick days and related fringe expenses.

⁵ **Insurance** Health insurance, etc.

⁶ **Materials** Materials and supplies required for the project.

⁷ **Publications** Page and other costs from publishing this research.

⁸ **Consultants** This item includes total wages and other costs for all subcontracted institutions or firms. Note that a separate **Subcontractor Expense Form** needs to be completed for each subcontracted firm. This form is available from the instructions page or by clicking the link herein.

⁹ **Additional Research Support** Describe matching funds and in-kind contributions in the space below. This will be competitively evaluated with your other information.

EXPENSES	
MATERIALS ⁶	
TRAVEL (domestic)	
TRAVEL (foreign)	
PUBLICATIONS ⁷	
COMPUTERS	
CONSULTANTS ⁸	
OTHER DIRECT	
TOTAL EXPENSES	

EQUIPMENT	
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TOTAL DIRECT ¹	
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