

# CITRUS ADVANCED TECHNOLOGY PROGRAM

FULL PROPOSAL COVER PAGE AND BUDGET: Page 1 of 5



|              |            |  |              |
|--------------|------------|--|--------------|
| Project Type | Discipline | Biohazard Regs<br><input type="radio"/> Yes <input type="radio"/> No | Today's Date |
|--------------|------------|--|--------------|

Project Title

|                        |                          |
|------------------------|--------------------------|
| Principal Investigator | Project #                |
| Email                  | Phone                    |
| Organization           | Co-PIs and Collaborators |
| Address                |                          |

## DURATION & FINANCIAL SUMMARY

## FOR OFFICE (CRDF) USE ONLY

Project Duration (years)

Total Funds Requested (all years)

Year 1 Funding Request

## ABSTRACT (300 WORDS)

CITRUS RESEARCH AND DEVELOPMENT FOUNDATION, INC.

# CITRUS ADVANCED TECHNOLOGY PROGRAM

FULL PROPOSAL COVER PAGE AND BUDGET: Page 2 of 5



**Cumulative Budget (All Years)** The Cover and Budget is part of a 5-page form. This page contains a cumulative budget for all years and the other pages contain space to enter information for each of the individual years. Results from the following pages automatically populate this page.

|   |                        |  |  |  |  |  |                 |  |
|---|------------------------|--|--|--|--|--|-----------------|--|
| 1 | PRINCIPAL INVESTIGATOR |  |  |  |  |  | TOTAL ALL YEARS |  |
| 2 | PROJECT TITLE          |  |  |  |  |  |                 |  |

|    |                 |                   |                     |                     |  |                        |       |  |
|----|-----------------|-------------------|---------------------|---------------------|--|------------------------|-------|--|
| 3  | <b>SALARIES</b> |                   |                     |                     |  |                        |       |  |
| 4  |                 | FTEs <sup>1</sup> | AMOUNT <sup>2</sup> | FRINGE <sup>3</sup> |  | INSURANCE <sup>4</sup> | TOTAL |  |
| 5  | FACULTY         |                   |                     |                     |  |                        |       |  |
| 6  | POST DOC        |                   |                     |                     |  |                        |       |  |
| 7  | STAFF           |                   |                     |                     |  |                        |       |  |
| 8  | PART-TIME OPS   |                   |                     |                     |  |                        |       |  |
| 9  | SUBTOTAL        |                   |                     |                     |  |                        |       |  |
| 10 | TOTAL SALARIES  |                   |                     |                     |  |                        |       |  |

<sup>1</sup> **FTEs** Full-time equivalents.

<sup>2</sup> **Amount** Dollar amount (\$US) of item listed.

<sup>3</sup> **Fringe** Round off vacation, sick days and related fringe expenses.

<sup>4</sup> **Insurance** Health insurance, etc.

<sup>5</sup> **Materials** Materials and supplies required for the project.

<sup>6</sup> **Publications** Page and other costs from publishing this research.

<sup>7</sup> **Subcontractors** 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 in the Forms Menu or through the link in the instructions.

<sup>8</sup> **Total Direct** This is the total direct funds you are requesting from the program for the entire project (all years). This value will be calculated automatically from data entered into the form.

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

|    |                           |  |  |  |  |  |  |
|----|---------------------------|--|--|--|--|--|--|
| 11 | <b>EXPENSES</b>           |  |  |  |  |  |  |
| 12 | MATERIALS <sup>5</sup>    |  |  |  |  |  |  |
| 13 | TRAVEL (domestic)         |  |  |  |  |  |  |
| 14 | TRAVEL (foreign)          |  |  |  |  |  |  |
| 15 | PUBLICATIONS <sup>6</sup> |  |  |  |  |  |  |
| 16 | COMPUTERS                 |  |  |  |  |  |  |
| 17 | SUBCONTRACTS <sup>7</sup> |  |  |  |  |  |  |
| 18 | OTHER DIRECT              |  |  |  |  |  |  |
| 19 | TOTAL EXPENSES            |  |  |  |  |  |  |

|    |           |  |  |  |  |  |  |
|----|-----------|--|--|--|--|--|--|
| 20 | EQUIPMENT |  |  |  |  |  |  |
|----|-----------|--|--|--|--|--|--|

|    |                           |  |  |  |  |  |  |
|----|---------------------------|--|--|--|--|--|--|
| 21 | TOTAL DIRECT <sup>8</sup> |  |  |  |  |  |  |
|----|---------------------------|--|--|--|--|--|--|

ADDITIONAL NOTES<sup>9</sup>

CITRUS RESEARCH AND DEVELOPMENT FOUNDATION, INC.

# CITRUS ADVANCED TECHNOLOGY PROGRAM

FULL PROPOSAL COVER PAGE AND BUDGET: Page 3 of 5



**First Year Budget** Enter information for each year of your project as indicated. Information from this page automatically populates the second page.

|   |                        |  |  |  |  |  |                   |  |
|---|------------------------|--|--|--|--|--|-------------------|--|
| 1 | PRINCIPAL INVESTIGATOR |  |  |  |  |  | TOTAL YEAR 1 OF 3 |  |
| 2 | PROJECT TITLE          |  |  |  |  |  |                   |  |

| 3 SALARIES |                |                   |                     |                     |  |                        |  |       |
|------------|----------------|-------------------|---------------------|---------------------|--|------------------------|--|-------|
| 4          |                | FTEs <sup>1</sup> | AMOUNT <sup>2</sup> | FRINGE <sup>3</sup> |  | INSURANCE <sup>4</sup> |  | TOTAL |
| 5          | FACULTY        |                   |                     |                     |  |                        |  |       |
| 6          | POST DOC       |                   |                     |                     |  |                        |  |       |
| 7          | STAFF          |                   |                     |                     |  |                        |  |       |
| 8          | PART-TIME OPS  |                   |                     |                     |  |                        |  |       |
| 9          | SUBTOTAL       |                   |                     |                     |  |                        |  |       |
| 10         | TOTAL SALARIES |                   |                     |                     |  |                        |  |       |

<sup>1</sup> **FTEs** Full-time equivalents.

<sup>2</sup> **Amount** Dollar amount (\$US) of item listed.

<sup>3</sup> **Fringe** Round off vacation, sick days and related fringe expenses.

<sup>4</sup> **Insurance** Health insurance, etc.

<sup>5</sup> **Materials** Materials and supplies required for the project.

<sup>6</sup> **Publications** Page and other costs from publishing this research.

<sup>7</sup> **Subcontractors** 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 in the Forms Menu or through the link in the instructions.

<sup>8</sup> **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.

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

|    |                           |  |
|----|---------------------------|--|
| 11 | EXPENSES                  |  |
| 12 | MATERIALS <sup>5</sup>    |  |
| 13 | TRAVEL (domestic)         |  |
| 14 | TRAVEL (foreign)          |  |
| 15 | PUBLICATIONS <sup>6</sup> |  |
| 16 | COMPUTERS                 |  |
| 17 | SUBCONTRACTS <sup>7</sup> |  |
| 18 | OTHER DIRECT              |  |
| 19 | TOTAL EXPENSES            |  |

|    |           |  |
|----|-----------|--|
| 20 | EQUIPMENT |  |
|----|-----------|--|

|    |                           |  |
|----|---------------------------|--|
| 21 | TOTAL DIRECT <sup>8</sup> |  |
|----|---------------------------|--|

ADDITIONAL NOTES<sup>9</sup>

CITRUS RESEARCH AND DEVELOPMENT FOUNDATION, INC.

# CITRUS ADVANCED TECHNOLOGY PROGRAM

FULL PROPOSAL COVER PAGE AND BUDGET: Page 4 of 5



**Second Year Budget (complete if applicable)** Enter information for each year of your project as indicated. Information from this page automatically populates the second page.

|   |                        |  |  |  |  |  |                   |  |
|---|------------------------|--|--|--|--|--|-------------------|--|
| 1 | PRINCIPAL INVESTIGATOR |  |  |  |  |  | TOTAL YEAR 2 OF 3 |  |
| 2 | PROJECT TITLE          |  |  |  |  |  |                   |  |

| 3  | SALARIES       |                   |                     |                     |  |                        |  |       |
|----|----------------|-------------------|---------------------|---------------------|--|------------------------|--|-------|
| 4  |                | FTEs <sup>1</sup> | AMOUNT <sup>2</sup> | FRINGE <sup>3</sup> |  | INSURANCE <sup>4</sup> |  | TOTAL |
| 5  | FACULTY        |                   |                     |                     |  |                        |  |       |
| 6  | POST DOC       |                   |                     |                     |  |                        |  |       |
| 7  | STAFF          |                   |                     |                     |  |                        |  |       |
| 8  | PART-TIME OPS  |                   |                     |                     |  |                        |  |       |
| 9  | SUBTOTAL       |                   |                     |                     |  |                        |  |       |
| 10 | TOTAL SALARIES |                   |                     |                     |  |                        |  |       |

<sup>1</sup> **FTEs** Full-time equivalents.

<sup>2</sup> **Amount** Dollar amount (\$US) of item listed.

<sup>3</sup> **Fringe** Round off vacation, sick days and related fringe expenses.

<sup>4</sup> **Insurance** Health insurance, etc.

<sup>5</sup> **Materials** Materials and supplies required for the project.

<sup>6</sup> **Publications** Page and other costs from publishing this research.

<sup>7</sup> **Subcontractors** 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 in the Forms Menu or through the link in the instructions.

<sup>8</sup> **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.

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

|    |                           |  |
|----|---------------------------|--|
| 11 | EXPENSES                  |  |
| 12 | MATERIALS <sup>5</sup>    |  |
| 13 | TRAVEL (domestic)         |  |
| 14 | TRAVEL (foreign)          |  |
| 15 | PUBLICATIONS <sup>6</sup> |  |
| 16 | COMPUTERS                 |  |
| 17 | SUBCONTRACTS <sup>7</sup> |  |
| 18 | OTHER DIRECT              |  |
| 19 | TOTAL EXPENSES            |  |

|    |           |  |
|----|-----------|--|
| 20 | EQUIPMENT |  |
|----|-----------|--|

|    |                           |  |
|----|---------------------------|--|
| 21 | TOTAL DIRECT <sup>8</sup> |  |
|----|---------------------------|--|

ADDITIONAL NOTES<sup>9</sup>

CITRUS RESEARCH AND DEVELOPMENT FOUNDATION, INC.

# CITRUS ADVANCED TECHNOLOGY PROGRAM

FULL PROPOSAL COVER PAGE AND BUDGET: Page 5 of 5



**Third Year Budget (complete if applicable)** Enter information for each year of your project as indicated. Information from this page automatically populates the second page.

|   |                        |  |                   |
|---|------------------------|--|-------------------|
| 1 | PRINCIPAL INVESTIGATOR |  | TOTAL YEAR 3 OF 3 |
| 2 | PROJECT TITLE          |  |                   |

| 3 SALARIES |               |                   |                     |                     |                        |                   |
|------------|---------------|-------------------|---------------------|---------------------|------------------------|-------------------|
| 4          |               | FTEs <sup>1</sup> | AMOUNT <sup>2</sup> | FRINGE <sup>3</sup> | INSURANCE <sup>4</sup> | TOTAL             |
| 5          | FACULTY       |                   |                     |                     |                        |                   |
| 6          | POST DOC      |                   |                     |                     |                        |                   |
| 7          | STAFF         |                   |                     |                     |                        |                   |
| 8          | PART-TIME OPS |                   |                     |                     |                        |                   |
| 9          | SUBTOTAL      |                   |                     |                     |                        |                   |
|            |               |                   |                     |                     |                        | 10 TOTAL SALARIES |

<sup>1</sup> **FTEs** Full-time equivalents.

<sup>2</sup> **Amount** Dollar amount (\$US) of item listed.

<sup>3</sup> **Fringe** Round off vacation, sick days and related fringe expenses.

<sup>4</sup> **Insurance** Health insurance, etc.

<sup>5</sup> **Materials** Materials and supplies required for the project.

<sup>6</sup> **Publications** Page and other costs from publishing this research.

<sup>7</sup> **Subcontractors** 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 in the Forms Menu or through the link in the instructions.

<sup>8</sup> **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.

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

| 11 EXPENSES |                           |
|-------------|---------------------------|
| 12          | MATERIALS <sup>5</sup>    |
| 13          | TRAVEL (domestic)         |
| 14          | TRAVEL (foreign)          |
| 15          | PUBLICATIONS <sup>6</sup> |
| 16          | COMPUTERS                 |
| 17          | SUBCONTRACTS <sup>7</sup> |
| 18          | OTHER DIRECT              |
| 19          | TOTAL EXPENSES            |

|    |           |
|----|-----------|
| 20 | EQUIPMENT |
|----|-----------|

|    |                           |
|----|---------------------------|
| 21 | TOTAL DIRECT <sup>8</sup> |
|----|---------------------------|

ADDITIONAL NOTES<sup>9</sup>

CITRUS RESEARCH AND DEVELOPMENT FOUNDATION, INC.