

BUDGET

ORGANIZATION AND ADDRESS				USDA AWARD NO.			
PROJECT DIRECTOR(S)				DURATION PROPOSED MONTHS: _____	DURATION PROPOSED MONTHS: _____	Non-Federal Proposed Cost-Sharing/Matching Funds (If required)	Non-federal Cost-Sharing/Matching Funds Approved by CSREES (If Different)
				Funds Requested by Proposer	Funds Approved by CSREES (If different)		
A. Salaries and Wages		CSREES-FUNDED WORK MONTHS					
		Calendar	Academic	Summer			
1. No. Of Senior Personnel							
a. ____ (Co)-PD(s).....							
b. ____ Senior Associates.....							
2. No. of Other Personnel (Non-Faculty)							
a. ____ Research Associates/Postdoctorates.....							
b. ____ Other Professionals.....							
c. ____ Paraprofessionals							
d. ____ Graduate Students							
e. ____ Prebaccalaureate Students							
f. ____ Secretarial-Clerical							
g. ____ Technical, Shop and Other							
Total Salaries and Wages →							
B. Fringe Benefits (If charged as Direct Costs)							
C. Total Salaries, Wages, and Fringe Benefits (A plus B) →							
D. Nonexpendable Equipment (Attach supporting data. List items and dollar amounts for each item.)							
E. Materials and Supplies							
F. Travel							
G. Publication Costs/Page Charges							
H. Computer (ADPE) Costs							
I. Student Assistance/Support (Scholarships/fellowships, stipends/tuition, cost of education, etc. Attach list of items and dollar amounts for each item.)							
J. All Other Direct Costs (In budget narrative, list items and dollar amounts, and provide supporting data for each item.)							
K. Total Direct Costs (C through J) →							
L. F&A/Indirect Costs (If applicable, specify rate(s) and base(s) for on/off campus activity. Where both are involved, identify itemized costs included in on/off campus bases.)							
M. Total Direct and F&A/Indirect Costs (K plus L) →							
N. Other..... →							
O. Total Amount of This Request →							
P. Carryover -- (If Applicable) Federal Funds: \$		Non-Federal funds: \$		Total \$			
Q. Cost-Sharing/Matching (Breakdown of total amounts shown on line O)							
Cash (both Applicant and Third Party) →							
- Non Cash Contributions (both Applicant and Third Party)							
NAME AND TITLE (Type or print)				SIGNATURE (required for revised budget only)			DATE
Project Director							
Authorized Organizational Representative							
Signature (for optional use)							

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0524-0039. The time required to complete this information collection is estimated to average 1.00 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information

**UNITED STATES DEPARTMENT OF AGRICULTURE
COOPERATIVE STATE RESEARCH, EDUCATION, AND EXTENSION SERVICE
CURRENT AND PENDING SUPPORT**

Instructions:

1. Record information for active and pending projects, including this proposal. (Concurrent submission of a proposal to other organizations will not prejudice its review by CSREES.)
2. All current efforts to which project director(s) and other senior personnel have committed a portion of their time must be listed, whether or not salary for the person involved is included in the budgets of the various projects.
3. Provide analogous information for all proposed work which is being considered by, or which will be submitted in the near future to, other possible sponsors including other USDA programs.

NAME (List/PD #1 first)	SUPPORTING AGENCY AND AGENCY ACTIVE AWARD/PENDING PROPOSAL NUMBER	TOTAL \$ AMOUNT	EFFECTIVE AND EXPIRATION DATES	% OF TIME COMMITTED	TITLE OF PROJECT

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ASSURANCE STATEMENT(S)

STATEMENT OF POLICY -- Institutions receiving CSREES funding research are responsible for protecting human subjects, providing humane treatment of animals, and monitoring use of recombinant DNA. To provide for the adequate discharge of this responsibility, CSREES policy requires an assurance by the Institution's Authorized Organizational Representative (AOR) that

appropriate committees in each institution have carried out the initial reviews of protocol and will conduct continuing reviews of supported projects. CSREES also requires AOR certification by citing a timely date that an appropriate committee issued an approval or exemption.

NOTE: Check appropriate statements, supplying additional information when necessary.

1. INSTITUTION

2. CSREES PROJECT NUMBER OR
AWARD NUMBER (if known)

3. PROJECT DIRECTOR(S)

4. TITLE OF PROJECT:

A. BIOSAFETY OF RECOMBINANT DNA

- Project does not involve recombinant DNA.
- Project involves recombinant DNA and was either approved () or determined to be exempt () from the NIH Guidelines by an Institutional Biosafety Committee (IBC) on _____ (Date).

This performing organization agrees to assume primary responsibility for complying with both the intent and procedures of the National Institutes of Health (NIH), DHHS Guidelines for Research Involving Recombinant DNA Molecules, as revised.

B. CARE AND USE OF ANIMALS

- Project does not involve vertebrate animals.
- Project involves vertebrate animals and was approved by the Institutional Animal Care and Use Committee (IACUC) on _____ (Date).

This performing organization agrees to assume primary responsibility for complying with the Animal Welfare Act (7 USC, 2131-2156), Public Law 89-544, 1996, as amended, and the regulations promulgated thereunder by the Secretary of Agriculture in 9 CFR Parts, 1, 2, 3, and 4. In the case of domesticated farm animals housed under farm conditions, the institution shall adhere to the principles stated in the Guide for the Care and Use of Agricultural Animals in Agricultural Research and Teaching, Federation of Animal Science Societies, 1999.

C. PROTECTION OF HUMAN SUBJECTS

- Project does not involve human subjects.
- Project involves human subjects and
- Was approved by the Institutional Review Board (IRB) on _____ (Date). Performing Institution holds a Federalwide assurance number _____.
 - Is exempt based on exemption number _____.
 - Specific plans involving human subjects depend upon completion of survey instruments, prior animal studies, or development of material or procedures. No human subjects will be involved in research until approved by the RB and a revised Form CSREES-2008 is submitted.

This performing organization agrees to assume primary responsibility for complying with the Federal Policy for Protection of Human Subjects as set forth in 45 CFR Part 46, 1991, as amended, and USDA regulations set forth in 7 CFR 1c, 1992. All nonexempt research involving human subjects must be approved and under continuing review by an RB.

SIGNATURE OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE

Title:

Date:

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