

VANDERBILT RESTRICTED FUND BUDGET

Interim Budget (valid for 60 days)

Date Initiated: _____

NEW PROJECT CONTINUATION RENEWAL

Previous Center No.: _____

New Center No.: _____

PI/Project Director: _____

Sponsor _____

School: _____/# _____

Sponsor #: _____

Department: _____/# _____

Project Period: _____ to _____

VU Administrator: _____

Budget Period _____ to _____

VU Admin. Address: _____

VU Admin. Phone: _____

Project Title: _____

In addition to the PI, and the Departmental Administrator, the following two individuals are authorized to have access to this center's electronic financial information: _____

Human Subjects: NO YES If yes, date approved by IRB _____

Animal Subjects: NO YES If yes, date approved by IACUC _____

Biohazards: NO YES If yes, date approved by Biohazards _____

Are personnel or facilities from a School other than your own being utilized? NO YES If yes, list personnel and/or facilities: _____

BUDGET INFORMATION	<u>SPONSOR</u>	<u>VU</u>	<u>TOTAL</u>
DIRECT:	_____	_____	_____
INDIRECT:	_____	_____	_____
TOTAL:	_____	_____	_____

Is Program Income Anticipated As A Result Of This Project? No Yes

Does This Budget Include Subcontracts? NO YES If yes, list subcontractor name and amount:

Name: _____ Amt \$ _____ Name: _____ Amt \$ _____

Name: _____ Amt \$ _____ Name: _____ Amt \$ _____

INDIRECT COST WAIVER & ALLOCATION:

1. Does this budget require the waiver of all or any portion of indirect costs normally charged to sponsored projects?

No Waiver Forced waiver - agency policy \$ _____ Voluntary Waiver \$ _____

2. If indirect cost revenue is to be allocated to more than one Vanderbilt School, list each school and department name, number, and the percent to be allocated to each:

_____ % _____ %

_____ % _____ %

APPROVALS: The signatures below certify that obligations and commitments for this project are consistent with Department, College, and University policy relating to the conduct of sponsored activities as set forth in the Vanderbilt Faculty Manual and other relevant documents.

Principal Investigator: _____ Signature: _____

Department Chair/Head: _____ Signature: _____

Dean _____ Signature: _____

Sponsored Research _____ Signature: _____

Reviewed by: _____ **Contracts & Grants Date:** _____

Detail of Salary Budget

Position/Name	Acad. Year/ Summer *	# Months	% Effort	Sponsor Salary	Sponsor Fringe	VU Salary	VU Fringe
Principal Investigator:							
Other Faculty:							
Graduate Students:							
Clerical:							
Other:							
TOTAL							

REMARKS: