

**MINDSOURCE-Brain Injury Network
Budget Request Form
Exhibit C**

Provide basic budget information for the proposed project (a detailed breakdown of each category and justification related to cost are to be presented in the budget narrative).

Proposed Project

Project Title	
PI (Last, First)	
Funding Type	

Direct Costs

Budget Category	Costs
Personnel (total costs including salaries wages and fringe benefits)	
Principal Investigator	\$ _____
Co-Principal Investigator (if applicable)	\$ _____
Number of Additional Personnel	\$ _____
Total Personnel Related Costs	\$ _____
Consultation Services	
Consortium Costs	
Travel Expenses	
Participant Support	
Experimental Animals (include acquisition, care and use costs)	
Computer or Data Processing Services	
Equipment	
Materials or Supplies	
IRB or IACUC Fees	
License Fees	
Rental or User Fees	
Publication or Dissemination	
Other (list)	
Total Direct Costs	

Indirect Costs

Facilities & Administration	Indirect Cost Rate (8% maximum)	\$ _____
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Total Request Amount

\$ _____