

# CU Internal Budget Form for Sponsored Projects

Cost Sharing should be submitted on a separate form

Exclude from Indirect Base?	CU Budget Category	Dept. or Year	Dept. or Year	Dept. or Year	Dept. or Year	Dept. or Year	Total Budget
	Classified Salaries (CLASS)	0	0	0	0	0	0
	Unclassified Salaries (UCLASS)	0	0	0	0	0	0
	Graduate Salaries (GRAD)	0	0	0	0	0	0
	Hourly Employees (WAGES)	0	0	0	0	0	0
	Fringe Benefits (FRINGE)	0	0	0	0	0	0
	Graduate Assist. Differential (SPNGAD)	0	0	0	0	0	0
	Travel Expenses (TRAVEL)	0	0	0	0	0	0
	Other Costs (OTHER)	0	0	0	0	0	0
	Student Aid (STUAID)	0	0	0	0	0	0
	Participant Support Costs (PARTSP)	0	0	0	0	0	0
	Subcontract Costs (SUBCON)	0	0	0	0	0	0
	Equipment (EQUIP)	0	0	0	0	0	0
	Total Direct Costs	0	0	0	0	0	0
Rate	52.5%	0.0%	0.0%	0.0%	0.0%	0.0%	Indirect Costs (FACADM)
		INPUT YEAR ON WORKSHEET	INPUT YEAR ON WORKSHEET	INPUT YEAR ON WORKSHEET	INPUT YEAR ON WORKSHEET	INPUT YEAR ON WORKSHEET	0
Total Project Budget		0	0	0	0	0	0

Prepared by: \_\_\_\_\_ Dept # \_\_\_\_\_ 0

Form to be completed by PI's dept./college grant coordinator

**SPONSOR BUDCAT**

**Internal Budget Form**  
Requested Funds from Sponsor

<a href="#">CLICK TO ENTER SPONSOR NAME: CELL B2</a>				<a href="#">CLICK TO ENTER START DATE: CELL K2</a>				<a href="#">CLICK TO ENTER # OF YRS: CELL N2</a>					
ENTER SPONSOR				ENTER STARTDATE MM/DD/YYYY				ENTER NUMBER OF YEARS					
Direct Labor Costs				Personnel				YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5	TOTAL
UCLASS	Dpt #	UserID	ID #	Year 1 or (9 or 12) MN Salary	Fringe mn			Sal rate incr	100.0%	0.0%	0.0%	0.0%	
0	0000	0000	0000			9	38.2%	0	0	0	0	0	0
						9	38.2%	0	0	0	0	0	0
						9	38.2%	0	0	0	0	0	0
						9	38.2%	0	0	0	0	0	0
						9	38.2%	0	0	0	0	0	0
						9	38.2%	0	0	0	0	0	0
						9	38.2%	0	0	0	0	0	0
						9	38.2%	0	0	0	0	0	0
CLASS				Year 1 or (9 or 12) MN Salary	Fringe mn			Sal rate incr	100.0%	0.0%	0.0%	0.0%	
						12	43.2%	0	0	0	0	0	0
						12	43.2%	0	0	0	0	0	0
						12	43.2%	0	0	0	0	0	0
						12	43.2%	0	0	0	0	0	0
WAGES				Year 1 or (9 or 12) MN Salary	Fringe			Sal rate incr	100.0%	0.0%	0.0%	0.0%	
							43.2%	0	0	0	0	0	0
							43.2%	0	0	0	0	0	0
							43.2%	0	0	0	0	0	0
							43.2%	0	0	0	0	0	0
Part-time/Temporary							29.9%	0	0	0	0	0	0
Hourly Graduate Student							8.7%	0	0	0	0	0	0
Undergraduates							1.5%	0	0	0	0	0	0
GRAD					Fringe			Sal rate incr	100.0%	0.0%	0.0%	0.0%	
Graduate Students, Premier (Automotive Engineering)							8.7%	0	0	0	0	0	0
Graduate Students, Tier II							8.7%	0	0	0	0	0	0
Total Salary and wages								0	0	0	0	0	0
Fringe Benefits								0	0	0	0	0	0
Total Salary and Wages								0	0	0	0	0	0
Other Direct Costs													
Equipment								0	0	0	0	0	0
Computer Nodes								0	0	0	0	0	0
Travel-Domestic								0	0	0	0	0	0
Travel-Foreign								0	0	0	0	0	0
Participant Support costs					Yes								
stipend								0	0	0	0	0	0
stipend								0	0	0	0	0	0
travel								0	0	0	0	0	0
other								0	0	0	0	0	0
Materials & Supplies								0	0	0	0	0	0
Publication Costs								0	0	0	0	0	0
Other								0	0	0	0	0	0
Other								0	0	0	0	0	0
Tuition Remission													
							<a href="#">GAD Rates</a>						
Premier (AuE) GAD				2024/2025	21816		YR RATE	0	0	0	0	0	0
Tier II GAD				2023/2024	12788		YR RATE	0	0	0	0	0	0
Student Aid													0
Subcontracts (List each subcontract separately)													
1.								0	0	0			0
2.								0	0	0			0
3.								0	0	0			0
4.													0
5.													0
6.													0
Total Other Direct Costs								0	0	0	0	0	0
Total Direct Costs								0	0	0	0	0	0
Total Base Costs (MTDC)								0	0	0	0	0	0
Indirect costs	<a href="#">OVERRIDE F&amp;A RATE %</a>			<a href="#">FISCAL YR</a>	2023/2024	52.5%		0	0	0	0	0	0
Manually inputted Indirect costs													
Total Proposed costs								<a href="#">CLICK TO ENTER SPONSOR</a>	0	0	0	0	0

**Principal Investigator/ Co-Investigator(s) [List PI First]**

Full Name – Last Name First	CUBS Assigned Dept. No.	CU User ID	CU Empl ID	% Credit to Project * (Must total 100%)

**Enter Proposal Title:**

Enter Department No. for Budget

0%

\* Indicate desired credit distribution for each investigator to be applied to fiscal year award dollars, project expenditures, and incentive return.

**If Applicable**, unit number of Center(s) / Institute(s) to receive credit for project.

<input type="text"/> Center Number	<input type="text"/> Center Director Name
<input type="text"/> Center Number	<input type="text"/> Center Director Name

**Focus Area** (check only 1 per project)

Advanced Materials

Big Data/Cyber

Health Innovation

Human Resilience

Other

Sustainability

Transportation/Energy & Advanced Manufacturing

CFDA

**Compliance Data:** Please select all that apply:

Yes  No  Human Subjects (IRB)

Yes  No  Animal Subjects (IACUC)

Yes  No  IBC—Recombinant DNA (including regulated plant field trials), hazardous biological agents (infectious or potentially infectious), select agents/toxins, the use of hazardous chemicals used in research with vertebrate animals, and/or the use of nanomaterials with the aforementioned categories

Yes  No  Agents & Toxins – Avian influenza virus, Bacillus anthracis, Botulinum neurotoxins, Burkholderia mallei, Burkholderia pseudomallei, Ebola virus, Foot-and-mouth disease virus, Francisella tularensis, Marburg virus, Reconstructed 1918 Influenza virus, Rinderpest virus, Toxin-producing strains of Clostridium botulinum, Variola major virus, Variola minor virus, Yersinia pestis

Yes  No  Radioactive mats/X-rays/Lasers

**Export Control:**

Does the project involve any of the following: (check all that apply)

Yes  No  \*Limitations on who may participate in the project on basis of citizenship

Yes  No  \*Proposal requires sponsor review or prior approval to sharing the result

Yes  No  \*Development of prototypes or models

Yes  No  \*Third party confidential information

Yes  No  \*Work performed outside of the US

Yes  No  \*Items or equipment provided or purchased by a third party

Yes  No  \*Project performance by a non-US person

Yes  No  \*Taking, shipping or sharing information, materials or technology (including equipment) outside of the US

Yes  No  \*Travel Outside of the United States by you or a member of your research team

Yes  No  \*Proposal is an international or foreign submission

Yes  No  \*Does the solicitation include DFAR 252.204.7012– "Safeguarding Covered Defense Information and Cyber Incident Reporting"

**Is any member of the project team (including subrecipients) a family member?** Yes  No

**Does this research involve accessing and performing analysis on institutional data?** Yes  No

**Space/Equipment**

Does this proposal require additional space, equipment or other facilities beyond the control and access of the project team? For Example, will the project require additional space, or access to equipment or facilities that are currently not available? If yes, please explain.

Yes  No

Explanation:

**Foreign Influence**

Do you maintain any business/research-related relationships (either funded or unfunded) with a foreign person (non-US) or entity (located within or outside the U.S.) who/which is involved with or is participating in this proposed project? (e.g., relationships through financial interests or support, in-kind support, collaboration, honorary, advisory, compensated or other type of relationship with such entity). If so, please specify the name, organization, address and nature of the relationship.

Yes  No

Last Name	First Name	Organization Name and Address	Nature of Relationship

**DOE requirements for foreign national access**

Will this proposal be submitted directly to the U.S. Department of Energy (DOE) or to another entity that is applying to DOE as the prime applicant when DOE is the originating sponsor?

Yes  No

**CURF**

Does this proposal/project involve a technology disclosed to CURF or intellectual property currently managed by CURF. If yes, please provide the CURF Tech ID (yyyy##) or US patent number

Yes  No

CURF Tech ID:

Patent Title:

**INDUSTRY**

Industry involvement means: company is providing support through cost share, letter of support, in-kind contribution of materials/supplies/equipment/ personnel time/intellectual property, etc.; company is the originating sponsor, immediate sponsor, a subawardee, or a vendor.

Does this opportunity involve industry? Yes  No

**COVID-19**

Is this opportunity related to a Coronavirus/COVID-19 funding opportunity? Yes  No

If yes, please indicate the Funding Opportunity/Solicitation number here:

**Diversity, Equity and Inclusion:** Yes  No

Does this opportunity involve some aspect of diversity, equity, and/or inclusion? Note: For definitions of DEI terms, please copy the following link into your browser: <https://www.clemson.edu/research/division-of-research/inclusiveness.html>

**EPSCoR** Yes  No

Is this an EPSCoR (Established Program to Stimulate Competitive Research) Funding Opportunity?

**Clemson University Athletic Department (CUAD)** Yes  No

Does this proposal require the participation of the Clemson University Athletic Department (CUAD) in any way? Note: The CUAD does not control (i.e. require or limit) the participation of its student-athletes or personnel in any research activity.

**SBIR/STTR** Yes  No

Is this project related to an SBIR (Small Business Innovation Research) or STTR (Small Business Technology Transfer) funding opportunity?