

Internal Funds Application Budget & Budget Justification Form

Provide and justify all requested costs associated with the proposed project. Chemicals may be grouped into major categories, such as solvents, radio-labeled compounds, enzymes, antibodies, etc. Add or delete rows in each section as needed but address all required information. If you are requesting NO costs in a category, write “N/A”.

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| **Personnel**List all personnel associated with the proposed project. Include a description of their role(s), percent time dedicated to the project, and requested amount. |
| Name | Role on Project | % Project Effort | Salary Request | Fringe Benefits | Total Salary + Fringe Request |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  | Subtotal |  |

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| --- |
| **Consumable Supplies** |
| Itemize project supplies that will be purchased with award funds.  |
| Description | Total Request |
|  |  |
|  |  |
|  |  |
|  | Subtotal |  |

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| **Equipment** |
| Itemize equipment that will be purchased with award funds.  |
| Description | Unit Price | Total Request |
|  |  |  |
|  |  |  |
|  | Subtotal |  |

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| **Additional Expenses** |
| Itemize any additional expenses requested.  |
| Description | Total Request |
|  |  |
|  |  |
|  |  |
|  | Subtotal |  |

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| **Cost Share (VCU Quest Fund Only)** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Itemized request for match contributions | **Unit 1** |  | **Match Request Amount:** |  |
|  | **Unit 2** |  | **Match Request Amount:** |  |

|  |  |  |
| --- | --- | --- |
|  | Subtotal |  |

|  |  |
| --- | --- |
| **Total Funding Request**(not to exceed the maximum allowable by the fund) |  |

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| **Budget Justification** |
| Justify all costs requested associated with the proposed project. *Minimum formatting requirements: 11-point font, 0.5-inch margins, single spaced.* |

[Start typing here]