OHIO EDUCATION RESEARCH CENTER

Making Research Work for Education

Project Budget Form: Investigator Initiated Research

Section I: General Information

Funding Period: July 1, 2013 – June 30, 2015

Total Budget Requested:

Title of Project:

Project Personnel

Name	Organization	Role	Email

NOTE: Section II on the following page, requires that personnel costs be identified by organization. Please complete a separate budget for each organization involved in this project and include the total project budget above in Section I.

Section II: Personnel Costs by Organization

Organization #1

Organization Name:							
Personnel Name	% Effort	12-Month Salary	FY13 Total	% Effort	12-Month Salary	FY14 Total	Total Cost
Salary Total For Institution							
Benefits, if not included in Salary Total							
Other Direct Costs (Itemize and provide justification)							
Total Direct Costs							
Overhead (limited to 10% of Total Direct Cost)							
FUNDS REQUESTED FOR INSTITUTION							

Organization #2

Organization Name:							
Personnel Name	% Effort	12-Month Salary	FY13 Total	% Effort	12-Month Salary	FY14 Total	Total Cost
Salary Total For Institution							
Benefits, if not included in Salary Total							
Other Direct Costs (Itemize and provide justification)							
Total Direct Costs							
Overhead (limited to 10% of Total Direct Cost)							
FUNDS REQUESTED FOR INSTITUTION							

Organization #3

Organization Name:							
Personnel Name	% Effort	12-Month Salary	FY13 Total	% Effort	12-Month Salary	FY14 Total	Total Cost
Salary Total For Institution							
Benefits, if not included in Salary Total							
Other Direct Costs (Itemize and provide justification)							
Total Direct Costs							
Overhead (limited to 10% of Total Direct Cost)							
FUNDS REQUESTED FOR INSTITUTION							

Organization #4

Organization Name:							
Personnel Name	% Effort	12-Month Salary	FY13 Total	% Effort	12-Month Salary	FY14 Total	Total Cost
Salary Total For Institution							
Benefits, if not included in Salary Total							
Other Direct Costs (Itemize and provide justification)							
Total Direct Costs							
Overhead (limited to 10% of Total Direct Cost)							
FUNDS REQUESTED FOR INSTITUTION							

Organization #5

Organization Name:							
Personnel Name	**% Effort**	**12-Month Salary**	**FY13 Total**	**% Effort**	**12-Month Salary**	**FY14 Total**	**Total Cost**
Salary Total For Institution							
Benefits, if not included in Salary Total							
Other Direct Costs (Itemize and provide justification)							
Total Direct Costs							
Overhead (limited to 10% of Total Direct Cost)							
FUNDS REQUESTED FOR INSTITUTION							