

**PRIVATE GRANT AND CONTRACT ADMINISTRATION
APPLICATION FOR RESTRICTED ACCOUNT**

PRINCIPAL INVESTIGATOR _____ DATE _____

USP DEPARTMENT _____

FUNDING: AGENCY/SOURCE _____ AGENCY PROJ. ID # _____

SCHEDULE _____ CFDA # _____

TYPE OF GRANT OR CONTRACT:

CHECK ONE () INSTRUCTION () RESEARCH () OTHER _____

CHECK ONE () GRANT () CONTRACT

NATURE OF AWARD _____

PROJECT PERIOD: STARTING DATE _____ ENDING DATE _____

BUDGET DETAIL (must match grant application):

		1	2	3	4	TOTAL
BUDGET YEAR						
7100	AWARD / REVENUE					
8110	Salaries & Wages **					
8113	Faculty - Summer **					
8114	Employee Stipends **					
8120	Research Fellowships					
	Subtotal for Benefits					
8298	Fringe Benefits *					
8115	Graduate Students					
8139	Undergraduate Students					
8311	Honoraria Non-Employee**					
8315	Consultant Fees **					
8350	Publication Costs					
8379	Travel					
8419	Supplies					
8499	Other Expense					
8497	Equipment					
	Total Direct Costs					
8900	Indirect Cost *					
	Total Costs					

* Check with Controller's Office for rates currently in effect. Include grant documentation if no indirect costs charged.

** Complete schedule on side 2 for personnel costs, employee and nonemployee.

APPROVALS: _____ DATE _____ _____ DEAN _____ DATE _____
UNIVERSITY DEPARTMENT CHAIR

_____ DATE _____ _____ CONTROLLER _____ DATE _____
VICE PRESIDENT/ACADEMIC AFFAIRS

_____ DATE _____
VICE PRESIDENT/FINANCE & ADMIN.

PERSONNEL COSTS:

EMPLOYEE	OBJECT CODES			
	8110	8113	8114	
EMPLOYEE NAME				
TOTALS				

NON-EMPLOYEE	OBJECT CODES			
	8311	8315		
NAME				
TOTALS				

REPORTS REQUIRED:

PROGRAM:

PREPARED BY _____ DOCUMENT NAME _____

FREQUENCY _____ DUE _____

FINANCIAL:

PREPARED BY _____ DOCUMENT NAME _____

FREQUENCY _____ DUE _____

CONTROLLER'S OFFICE:

ACCOUNT NAME _____ ACCOUNT NUMBER _____

CALCULATED RATES:

FRINGE BENEFITS _____ INDIRECT COST _____

ACCOUNTS ENTERED BY _____ DATE _____

BUDGET ENTERED BY _____ DATE _____

BJE# _____ TRANSACTION DATE _____