

(Item D)

**JCNDE Innovative Dental Assessment Grant  
2013 – 2014 Call for Proposals  
Sample Project Budget Form**

For each year, include a Budget Narrative which provides a detailed breakdown of the amount requested in each expenditure category and justifies it by describing how the expenditures are related and necessary to the performance of the proposed project. The Budget Narrative(s) should also include complete information on any “Other Sources” of support, including all funds and any in-kind contributions and their sources, as may be required to meet project objectives.

<b>PERSONNEL</b>	<b>YEAR 1</b>	<b>YEAR 2</b>	<b>TOTAL</b>
A. Compensation (Not including fringe benefits)	\$100*	\$200	\$ 300
B. Principal Investigator	\$100	\$200	\$ 300
C. Other Key Personnel/Role in Project	\$100	\$200	\$ 300
D. Fringe Benefits (Provide totals for any varied categories of employment and a rate breakdown for each category in the Budget Narrative)	\$100	\$200	\$ 300
<b>OTHER DIRECT COSTS</b>			
A. Equipment (List items to be purchased which are over \$500 and amount of each)	\$100	\$200	\$ 300
B. Travel	\$100	\$200	\$ 300
C. Materials and Supplies	\$100	\$200	\$ 300
D. Consultants/Contractual (Include both honorarium and travel costs for consultants. Provide a breakdown in the Budget Narrative)	\$100	\$200	\$ 300
E. Other Expenses	\$100	\$200	\$ 300
<b>PROJECT ADMINISTRATIVE CHARGES</b>			
(Limited to 10% of the amount of Total Direct Costs)	\$100	\$200	\$ 300
<b>TOTAL PROJECT BUDGET</b>	<b>\$1000</b>	<b>\$2000</b>	<b>\$3000</b>

\*Round to nearest dollar; table shows sample expense amounts.