**Budget Form 2024-25**

**Funding and Collaboration Information**

Principal Investigator: Affiliate:

**Project:**

**Budget Detail**

Please provide the total amount for each category on the line provided. Cost share must reflect at least a 1:1 match.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **INSGC** |  | **TOTAL****COST SHARE** |
| Personnel | 0 |  | 0 |
| Fringe Benefits | 0 |  | 0 |
| Student Stipend | 0 |  | 0 |
| Student Fringe Benefits | 0 |  | 0 |
| Supplies | 0 |  | 0 |
| Equipment (exhibit rental, production) | 0 |  | 0 |
| TravelMarketing (and opening) | 0 |  | 0 |
| Other (honoraria/fees/contracts) | 0 |  | 0 |
| Total Direct Costs | 0 |  | 0 |
| Facilities & Administrative Costs | N/A |  | 0 |
| Total Project Costs | 0 |  | 0 |

**If your budget reflects any changes from your proposed budget, please re-submit a Statement of Works and Budget Justification to reflect the budget amount. If your Budget reflects any Fringe Benefits or Facilities and Administrative Costs (Note that F&A can only be shown as cost share, INSGC is not allowed to cover F&A under their award), please provide Fringe Benefit Documentation and the F&A Rate Agreement along with your award letter.**