



**Office of Sponsored Grants and Programs & Framingham State University Business Office
GOVERNMENT GRANT BUDGET PROPOSAL DOCUMENT**

Name of Investigator: _____ Proect Term: _____ to _____

Grant Program _____ Total Amount of Award \$ -

University IDC Rate is: 10%

If IDC is only applicable to Salary and Fringe please enter the amounts by year in the cells below:

Year	1	2	3	4	5
The IDC Rate is applicable to all grant-related costs.					
The IDC Federal DeMimimus Rate of 10% is only applicable to Salary and Fringe costs.					
FT Salaries					
FT Fringe					
Consultants					
Payroll Taxes					
Total Staff Costs for IDC					

NOTE: Non-Personnel expense line items are suggested. Feel free to replace with applicable items.

Budgeted Costs by Grant Year						Total Budget
	1	2	3	4	5	

Salaries and Related Costs

Salaries						\$ -
Overtime Pay						\$ -
Additional Compensation						\$ -
Research Act/Summer/Other Salaries						\$ -

Reimbursable Travel Costs

Travel - Out of State						\$ -
Travel - In State						\$ -
						\$ -

Contractors Costs

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	Enrolled Students							\$ -
	Contracted Empl-Mgmt, Bus Prof, Admin							\$ -
	Contracted Employees Other							\$ -
	Student Interns							\$ -
	Fringe and Payroll Taxes	FY20 Fringe Rate:	35.48%		FY20 Payroll Tax Rate:	2.43%		
	Health & Welfare Fund (<i>Business Office will enter</i>)							\$ -
	Payroll Tax (Med/Unempl/U Health)		0	0	0	0	0	\$ -
	State Fringe Benefits		0	0	0	0	0	\$ -
	Non-State Fringe Benefits		0	0	0	0	0	\$ -
	Adminstrative Costs							
	Office Supplies							\$ -
	Printing & General Supplies							\$ -
	Fees, Fines, Licenses, Permits							\$ -
	Conference/Training							\$ -
	Supplies and Materials							
								\$ -
								\$ -
								\$ -
								\$ -
	Consultants							
								\$ -
								\$ -
								\$ -

Purchased Services								
								\$ -
								\$ -
Information Technology Equipment								
								\$ -
								\$ -
								\$ -
	Total Expenses by Year before IDC			\$ -	\$ -	\$ -	\$ -	\$ -
	Indirect Cost - 10%			\$ -	\$ -	\$ -	\$ -	\$ -
	Total Grant Expenses by Year			\$ -	\$ -	\$ -	\$ -	\$ -
	Budget Prepared by: _____				Date: _____			
	Business Office Budget Review by (initial): _____				Date: _____			
	OSGP Budget Review by (initial): _____				Date: _____			
	rev. 9/26/19							