|  |  |
| --- | --- |
| **State:** | Connecticut |
| **Title:** |  |
| **Project Type:** |  |
| **Focus Categories:** |  |
| **Research Category:** |  |
| **Keywords:** |  |
| **Start Date:** | 3/1/2021 |
| **End Date:** | 2/28/2022 |
| **Congressional District:** |  |
| **PI:** |  |
| **Co-PIs:** |  |

**Abstract**

**<**start text here>

**Title: <**enter title here> <this section BEGINS 10 page limit>

**11. Statement of regional or State water problem. <**start text here>

**12. Statement of results or benefits. <**start text here>

**13. Nature, scope, and objectives of the project, including a timeline of activities. <**start text here>

**14. Methods, procedures, and facilities. <**start text here>

**15. Related research. <**start text here>

**16. Training potential. <**start text here> <this section ENDS 10 page limit>

**17. Budget Breakdown**

**Project Title: <**enter title here>

**Year 1**

|  |  |  |  |
| --- | --- | --- | --- |
| **Cost Category** | **Federal** | **Non-Federal** | **Total** |
| Principal Investigator(s) Salaries and Wages: | $0 | $0 | $0 |
| Graduate Student(s) Salaries and Wages: | $0 | $0 | $0 |
| Undergraduate Student(s) Salaries and Wages: | $0 | $0 | $0 |
| Others: | $0 | $0 | $0 |
| **Total Salaries and Wages:** | $0 | $0 | $0 |
| Principal Investigator(s) Fringe Benefits: | $0 | $0 | $0 |
| Graduate Student(s) Fringe Benefits: | $0 | $0 | $0 |
| Undergraduate Student(s) Fringe Benefits: | $0 | $0 | $0 |
| Others: | $0 | $0 | $0 |
| **Total Fringe Benefits:** | $0 | $0 | $0 |
| Graduate Student(s) Tuition: | $0 | $0 | $0 |
| Undergraduate Student(s) Tuition: | $0 | $0 | $0 |
| **Total Tuition:** | $0 | $0 | $0 |
| Supplies: | $0 | $0 | $0 |
| Equipment: | $0 | $0 | $0 |
| Services or Consultants: | $0 | $0 | $0 |
| Travel: | $0 | $0 | $0 |
| Other Direct Costs: | $0 | $0 | $0 |
| **Total Direct Costs:** | $0 | $0 | $0 |
| Indirect costs on federal share: | **XXXXX** | $0 | $0 |
| Indirect costs on non-federal share: | **XXXXX** | $0 | $0 |
| **Total Estimated Costs:** | $0 | $0 | $0 |
| Total Costs at Institute host The University of Connecticut: | $0 | $0 | $0 |
| Total Costs at other University | $0 | $0 | $0 |
| Name of University: |

**18. Budget Justification**

**Project Title: <**enter title here>

**Year 1**

|  |
| --- |
| **Salaries and Wages for PIs.** *Provide personnel, title/position, estimated hours and the rate of compensation proposed for each individual.* |
|  <enter text here> <enter N/A if not applicable> |
| **Salaries and Wages for Graduate Students.** *Provide personnel, title/position, estimated hours and the rate of compensation proposed for each individual. (Other forms of compensation paid as or in lieu of wages to students performing necessary work are allowable provided that the other payments are reasonable compensation for the work performed and are conditioned explicitly upon the performance of necessary work. Also, note that tuition has its own category below and that health insurance, if provided, is to be included under fringe benefits).* |
|   <enter text here> <enter N/A if not applicable> |
| **Salaries and Wages for Undergraduate Students.** *Provide personnel, title/position, estimated hours and the rate of compensation proposed for each individual. (Other forms of compensation paid as or in lieu of wages to students performing necessary work are allowable provided that the other payments are reasonable compensation for the work performed and are conditioned explicitly upon the performance of necessary work. Also, note that tuition has its own category below and that health insurance, if provided, is to be included under fringe benefits).* |
|   <enter text here> <enter N/A if not applicable> |
| **Salaries and Wages for Others.** *Provide personnel, title/position, estimated hours and the rate of compensation proposed for each individual.* |
|   <enter text here> <enter N/A if not applicable> |
| **Fringe Benefits for PIs.** *Provide the overall fringe benefit rate applicable to each category of employee proposed in the project. Note: include health insurance here, if applicable.* |
|   <enter text here> <enter N/A if not applicable> |
| **Fringe Benefits for Graduate Students.** *Provide the overall fringe benefit rate applicable to each category of employee proposed in the project. Note: include health insurance here, if applicable.* |
|   <enter text here> <enter N/A if not applicable> |
| **Fringe Benefits for Undergraduate Students.** *Provide the overall fringe benefit rate applicable to each category of employee proposed in the project. Note: include health insurance here, if applicable.* |
|   <enter text here> <enter N/A if not applicable> |
| **Fringe Benefits for Others.** *Provide the overall fringe benefit rate applicable to each category of employee proposed in the project. Note: include health insurance here, if applicable.* |
|   <enter text here> <enter N/A if not applicable> |
| **Tuition for Graduate Students.** *Provide personnel, title/position, and amount of tuition remission proposed for each individual.* |
|   <enter text here> <enter N/A if not applicable> |
| **Tuition for Undergraduate Students.** *Provide personnel, title/position, and amount of tuition remission proposed for each individual.* |
|   <enter text here> <enter N/A if not applicable> |
| **Supplies.** *Indicate separately the amounts proposed for office, laboratory, computing, and field supplies. Provide a breakdown of the supplies in each category.* |
|   <enter text here> <enter N/A if not applicable> |
| **Equipment.** *Identify non-expendable personal property having a useful life of more than one (1) year and an acquisition cost of more than $5,000 per unit. If fabrication of equipment is proposed, list parts and materials required for each, and show costs separately from the other items. A detailed breakdown is required.* |
|   <enter text here> <enter N/A if not applicable> |
| **Services or Consultants.** *Identify the specific tasks for which these services, consultants, or subcontracts would be used. Provide a detailed breakdown of the services or consultants to include personnel, time, salary, supplies, travel, etc.* |
|   <enter text here> <enter N/A if not applicable> |
| **Travel.** *Provide purpose and estimated costs for all travel. A breakdown should be provided to include location, number of personnel, number of days, per diem rate, lodging rate, mileage and mileage rate, airfare (whatever is applicable).* |
|   <enter text here> <enter N/A if not applicable> |
| **Other Direct Costs.** *Itemize costs not included elsewhere, including publication costs. Costs for services and consultants should be included and justified under .Services or Consultants (above). Please provide a breakdown for costs listed under this category.* |
|   <enter text here> <enter N/A if not applicable> |
| **Indirect Costs.** *Provide negotiated indirect (Facilities and Administration.) cost rate.* |
|   <enter text here> <enter N/A if not applicable> |

**19. Investigator’s qualifications.**

**References**