

# Budget

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## *Attachment A*

Please include all relevant information, adjusting the form as necessary

1. Name of **Applicant(s)** Stipend(s)
2. Name of **Participant(s)** in addition to applicant(s) and desired stipend(s)
  - a. Please identify any individual on a 12-month contract that is included in this proposal. 12-month contract employees cannot be offered a stipend for work that would occur within a typical work week.
  - b. Please identify any individual that is an adjunct faculty member. Stipends and work load must be in compliance with university requirements for yearly hourly average.
3. List and estimated cost of **supplies** (if any):
4. Estimated cost of **food** (if any):
5. **Total** budget request:
6. Date by which budget will be spent: Prior to 30 June 2014 or after 1 July 2014