



Florida Citrus Advanced Technology Program

SUBCONTRACTOR EXPENSE FORM: Control of Citrus Greening, Canker & Emerging Diseases of Citrus

Instructions This form that is due no later than September 5, 2008. One of these forms should be for each subcontractor or third-party participating in your project. You may need more than one of these forms if you have several cooperators. When completed, save each form with a unique name on your local computer and attach them with your cover and Full Proposal email.

INVESTIGATOR		TOTAL DIRECT ¹	
PROJECT TITLE			

SALARIES	FTEs ²	AMOUNT ³	FRINGE ⁴	INSURANCE ⁵	TOTAL
FACULTY					
POST DOC					
STAFF					
PART-TIME OPS					
SUBTOTAL					
				TOTAL SALARIES	

Notes

¹ **Total Direct** This is the total direct funds you are requesting from the program for the current year (not for the entire duration). This value will be calculated automatically from data entered into the form.

² **FTEs** Full-time equivalents.

³ **Amount** Dollar amount (\$US) of item listed.

⁴ **Fringe** Round off vacation, sick days and related fringe expenses.

⁵ **Insurance** Health insurance, etc.

⁶ **Materials** Materials and supplies required for the project.

⁷ **Publications** Page and other costs from publishing this research.

⁸ **Consultants** This item includes wages and other costs for each subcontracted institution or firm. Note that the separate **Subcontractor Expense Form** needs to be completed for each subcontracted firm. This form is on the FCPRAC Proposals Page.

⁹ **Additional Research Support** Describe matching funds and in-kinds contributions in the space below. This will be competitively evaluated with your other information.

EXPENSES	
MATERIALS ⁶	
TRAVEL (domestic)	
TRAVEL (foreign)	
PUBLICATIONS ⁷	
COMPUTERS	
CONSULTANTS ⁸	
OTHER DIRECT	
TOTAL EXPENSES	

EQUIPMENT	
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TOTAL DIRECT ¹	
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