**Data Form for Graduate Student Proposals for Extramural Funding**

**School of Social Ecology**
**Univ. of California, Irvine**

### 1. Graduate Applicant and Faculty Sponsor/Principal Investigator (PI) Information

<table>
<thead>
<tr>
<th>Graduate Applicant</th>
<th>PI/Faculty Sponsor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td>Name:</td>
</tr>
<tr>
<td>Department:</td>
<td>Department:</td>
</tr>
<tr>
<td>E-mail:</td>
<td>E-mail:</td>
</tr>
<tr>
<td>Phone:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Fax:</td>
<td>Fax:</td>
</tr>
</tbody>
</table>

### 2. Type of Award for which You are Applying

A. [ ] Monetary award paid directly to the student applicant – You will submit your application to the agency yourself.

B. [ ] Monetary award paid to the university (UCI) – Your application will require university review and submission.

### 3. Proposal Information

- **Award/project title:**
- **Award begin date:**
- **Award end date:**

**Award will provide:**
- [ ] Research funding
- [ ] Fellowship funding
- [ ] Other (specify): ________________

**Proposal due date:**

**Required mode of proposal submission?**
- [ ] Mail
- [ ] Electronic

**URL/E-mail for electronic submission (if applicable):** ____________________________________________________

### 4. Funding Agency Information

<table>
<thead>
<tr>
<th>Agency name:</th>
<th>Mailing Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td></td>
<td>Zip:</td>
</tr>
</tbody>
</table>

**Agency Contact Person:**
- Name: __________________
- Phone: ________
- E-mail: __________________

### 5. Budget

**A. Does the funding agency require an itemized budget?**
- [ ] No (Complete 5B, D, E, G, H. Complete 5C only if cost share/matching funds are required)
- [ ] Yes (Complete 5B-H)

**B. Does the funding agency require the university to share costs/provide matching funds for this project?**
- [ ] No
- [ ] Yes

If YES, show the amount(s) committed by your department in the shaded boxes below and obtain approval signatures.

### C. Budget Categories

<table>
<thead>
<tr>
<th>Budget Categories</th>
<th>Amount Shown in Your Proposal*</th>
<th>Cost Share/Matching Funds Commitment(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stipend/salary</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fringe benefits**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplies and materials</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Equipment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Research-related travel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Educational fees</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tuition (if applicable)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other: ________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* If a budget category includes matching funds, indicate in this column the sum of the amount requested from the agency and the amount committed by your department in the entry for that category.

**Calculated as 1.3% of salary during the academic year and 3.0% of salary during the summer.**

**D. Does the funding agency allow indirect (facilities & administrative, or F & A) costs?**
- [ ] No
- [ ] Yes

If YES, what indirect rate applies to your proposal?
- [ ] UCI rate: 52.5% or 25%
- [ ] Agency-required rate: _______

**E. Total direct costs (add the total of all items shown in your budget):** $ ________________

**F. Modified total direct costs (subtract from the figure in E any costs that may be included in your budget for equipment, educational fees, tuition):** $ ________________

**G. Indirect (F & A) costs (multiply the figure in F by the indirect cost rate shown in C):** $ ________________

**H. Total Project Costs (add the figures in E and G):** $ ________________

### 6. Will the project involve human research subjects?

- [ ] No
- [ ] Yes

If YES, IRB protocol # ________________ or pending ________________

### 7. Signatures and Preliminary Review of Application Packet

- [ ] Original and 1 copy of all required pages (including AA form, proposal, and - if required –cover memo)
- [ ] Copy of agency instructions/guidelines attached

**Applicant** ________________________________ Date ____________

**Reviewed by Jean Martinez** ________________________________ Date ____________

Is the application packet (including AA form, if required) complete?
- [ ] No
- [ ] Yes, ready for further review