Exhibit B2

Budget Pertaining to Subawardee(s) (when applicable)

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Subawardee Name:** | | | | |  | | | | | | **Exhibit B2** | |
| **Principal Investigator (Last, First):** | | | | | | |  | | | |  | |
|  | | | |  |  | |  |  |  |  |  | |
| **COMPOSITE SUBAWARDEE BUDGET FOR ENTIRE PROPOSED PROJECT PERIOD** | | | | | | | | | | | | |
|  | | | |  |  | | **07/01/2016** | **to** | **06/30/2019** |  |  | |
|  | | | |  |  | |  |  |  |  |  | |
|  | | | |  | **From:** | | **7/1/2016** | **7/1/2017** | **7/1/2018** |  | |
|  | | | |  | **To:** | | **6/30/2017** | **6/30/2018** | **6/30/2019** |  | |
| **BUDGET CATEGORY** | | | | |  | | **Year 1** | **Year 2** | **Year 3** | **TOTAL** | |
| PERSONNEL: *Salary and fringe benefits.* | | | | | | | $0 | $0 | $0 | $0 | |
| TRAVEL | | | | |  | | $0 | $0 | $0 | $0 | |
| MATERIALS & SUPPLIES | | | | |  | | $0 | $0 | $0 | $0 | |
| EQUIPMENT | | | | |  | | $0 | $0 | $0 | $0 | |
| CONSULTANT | | | | |  | | $0 | $0 | $0 | $0 | |
| SUBRECIPIENT | | | | |  | | $0 | $0 | $0 | $0 | |
| OTHER DIRECT COSTS (ODC) | | | | | | ***Subject to IDC Calc*** |  |  |  |  | |
|  | ODC #1 | | | | | ***Y*** | $0 | $0 | $0 | $0 | |
|  | ODC #2 | | | | | ***Y*** | $0 | $0 | $0 | $0 | |
|  | ODC #3 | | | | | ***Y*** | $0 | $0  **EXAMPLE** | $0 | $0 | |
|  | ODC #4 | | | | | ***Y*** | $0 | $0 | $0 | $0 | |
|  | ODC #5 | | | | | ***Y*** | $0 | $0 | $0 | $0 | |
|  | ODC #6 | | | | | ***Y*** | $0 | $0 | $0 | $0 | |
| **TOTAL DIRECT COSTS** | | | | |  | | **$0** | **$0** | **$0** | **$0** | |
| **Indirect (F&A) Costs** | | | |  | **F&A Base** | |  |  |  |  | |
|  | | ***Rate*** | | | ***MTDC \**** | | *$0* | *$0* | *$0* | *$0* | |
|  | | |  | |  | | **$0** | **$0** | **$0** | **$0** | |
| **TOTAL COSTS PER YEAR** | | | | |  | | **$0** | **$0** | **$0** |  | |
| **TOTAL COSTS FOR PROPOSED PROJECT PERIOD** | | | | | | |  |  |  | **$0** | |
|  | | | |  |  | |  |  |  |  |  | |
| \* MTDC = Modified Total Direct Cost | | | | | | | | | |  |  | |
| **JUSTIFICATION.** *See Exhibit B1 - Follow the budget justification instructions.* | | | | | | | | | |  |  | |
|  | | | |  |  | |  |  |  |  |  | |
| **Funds Reversion Dates** | | | | |  | | **06/30/2020** | **06/30/2021** | **06/30/2022** |  |  | |
| **Project Period Budget Flexibility (lesser of % or Amount)** | | | | | | | |  |  |  |  | |
| Prior approval required for budget changes between approved budget categories above the thresholds identified. | | | | | | | **%** | **10.00%** |  |  |  | |
|  | ***or*** |  |  |  | |
| **Amount** | *$10,000* |  |  |  | |