



THE UNIVERSITY OF RHODE ISLAND DIVISION OF RESEARCH AND ECONOMIC DEVELOPMENT	PROPOSAL BUDGET														Office of Sponsored Projects	Check
	Project Title: _____															
	PI: _____															
	Period of Performance:															
Year 1 DATES ()		Year 2 DATES ()		Year 3 DATES ()		Year 4 DATES ()		Year 5 DATES ()		Total		TOTAL COSTS				
Request	Match	Request	Match	Request	Match	Request	Match	Request	Match	Request	Match	Request	Match			
Indirect Cost on Match*		-		-		-		-		-		-		-		-
	URI Rate															
Waived Indirect Cost**	53.5% MTDC	-		-		-		-		-		-		-		-
J. Total amount requested		-		-		-		-		-		-		-		-
*Indirect Cost on Match: Contact your Specialist to determine the appropriate indirect cost rate for the match.																
**Waived Indirect Cost: The amount of funds waived if the allowable indirect cost rate is less than the University's federally approved rate. Contact your Specialist to determine if waived indirect costs are an allowable match expense.																