

### 10.3 NOAA SBIR Proposed Budget

COMPANY NAME					
A. PERSONNEL ( <i>Employees</i> ) NAME	ROLE IN PROJECT Principal Investigator	EST. HOURS	HOURLY RATE	FRINGE BENEFITS	<b>TOTAL COST</b>
B. EQUIPMENT ( <i>specify type, whether purchased or leased, and cost</i> )					
C. TRAVEL					
D. OTHER DIRECT COSTS					
1. Materials and Supplies					
2. Testing Services					
3. Computer Services					
4. Research Institution					
5. Subcontracts (Including Consultants)					
6. Other					
TOTAL OTHER DIRECT COSTS					
E. TOTAL DIRECT COSTS ( <i>A through E</i> )					
F. INDIRECT COSTS ( <i>specify rate(s), as applicable</i> )					
TOTAL INDIRECT COSTS					
G. TOTAL COSTS ( <i>F plus G</i> )					
H. FEE OR PROFIT					
I. TOTAL AMOUNT OF THIS REQUEST ( <i>H plus I</i> )					
J. Has any executive agency of the United States Government performed any review of your accounts or records in connection with any other grant or contract within the past year?    Yes    No					
If Yes, give name, address, and phone number of reviewing office and official:					
K. CORPORATE/BUSINESS AUTHORIZED REPRESENTATIVE – TYPED NAME AND SIGNATURE      DATE:					
(Signature)					
_____					
If additional space is needed, please attach a separate sheet.					