

**FORM - UIC Global Health & Well Being
Research Seed Grant - Proposed Budget**

Spring 2016

UIC Center for Global Health

1940 West Taylor Street (MC 584)
Benjamin Goldberg Research Building
Chicago, IL 60612

Phone: 312.355.4116 Fax: 312.355.4284
www.globalhealth.uic.edu

*Name of PI: _____

Financial officer responsible for your academic unit

Name: _____ Email: _____

A. Personnel

Funding Requested

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Subtotal	\$ _____

B. Itemized materials and supplies

Funding Request

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Subtotal	\$ _____

C. Itemized general services, e.g., animals x cost/day x days

Funding Requested

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Subtotal	\$ _____

D. List the equipment

Funding Requested

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Subtotal	\$ _____

E. Other

Funding Requested

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Subtotal	\$ _____

F. Cost Sharing

Total Project	\$ _____
(Less Cost Share)	\$ _____

Grant Total Request: \$ _____

*Contact PI