

**FORM - The Chancellor's Discovery Fund for
Multidisciplinary Research - Proposed Budget**

1737 West Polk Street (MC 672)
310 Administrative Office Building
Chicago, IL 60612

Phone: 312.996.4995 Fax: 312.413.0238
www.research.uic.edu

Version: 1.0
Spring 2014

*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