
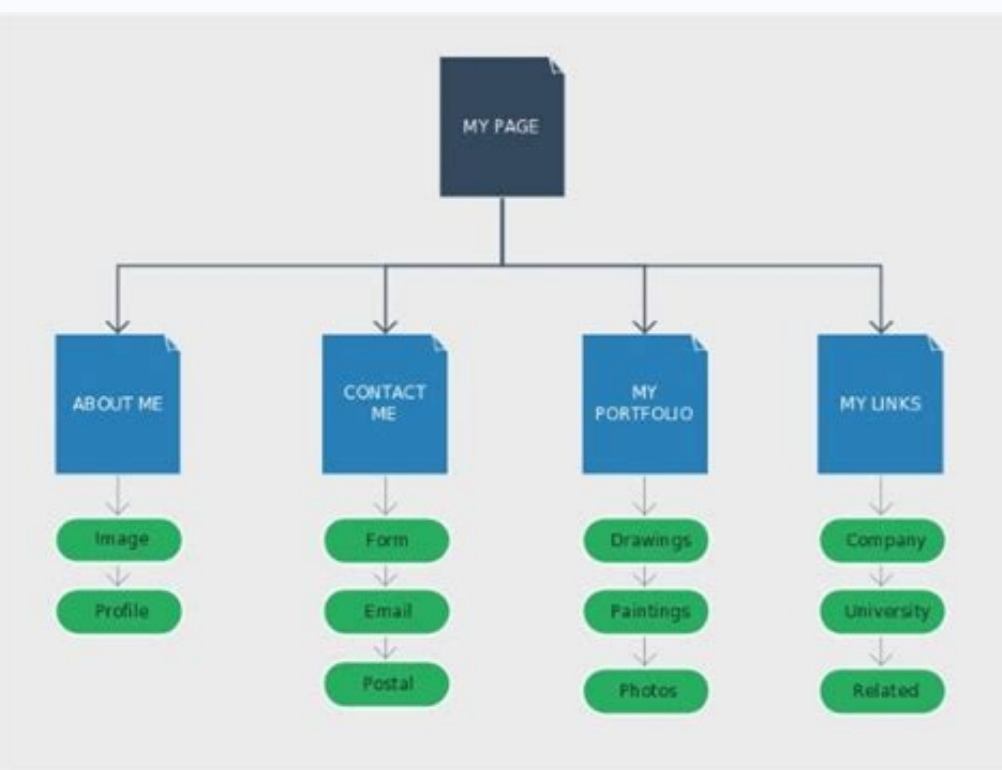


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SUBMIT

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| | A | B | C | D |
|----|--|----------|-----------|----------------------|
| 1 | Budget Proposal Template | | | |
| 2 | Project Title: _____ | | | |
| 3 | Duration of Project : _____ month/years | | | |
| 4 | Nature of expenditure/Item | Quantity | % of time | Amount in US Dollars |
| 5 | DIRECT COSTS | | | |
| 6 | Personnel | | | |
| 7 | Research Personnel | | | |
| 8 | Principal Researcher/ Principal Investigator | | | |
| 9 | Co-Researcher/Co- Investigator (if applicable) | | | |
| 10 | Research Assistant (part or full time/ Salary/month | | | |
| 11 | Post Doctoral Associate | | | |
| 12 | Graduate Students | | | |
| 13 | Other Professionals | | | |
| 14 | Technicians/ Program/ Nurse, statistician... | | | |
| 15 | Project Assistant / Administrative Assistant | | | |
| 16 | General Assistance | | | |
| 17 | Personnel Subtotal | | | |
| 18 | | | | |
| 19 | Fringe Benefits | | | |
| 20 | (20% on salaries of academic staff) | | | |
| 21 | Fringe benefits Subtotal | | | |
| 22 | | | | |

Incident Report Template

REPORTED BY: _____ DATE OF REPORT: _____
 TITLE / ROLE: _____ INCIDENT NO.: _____

INCIDENT INFORMATION

INCIDENT TYPE: _____ DATE OF INCIDENT: _____
 LOCATION: _____
 CITY: _____ STATE: _____ ZIP CODE: _____
 SPECIFIC AREA OF LOCATION (if applicable): _____

INCIDENT DESCRIPTION

NAME / ROLE / CONTACT OF PARTIES INVOLVED

1. _____
2. _____
3. _____

NAME / ROLE / CONTACT OF WITNESSES

1. _____
2. _____
3. _____

POLICE REPORT FILED?: _____ PRECINCT: _____
 REPORTING OFFICER: _____ PHONE: _____

FOLLOW UP ACTION

SUPERVISOR NAME: _____ SUPERVISOR SIGNATURE: _____ DATE: _____

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