

EASTERN CONNECTICUT STATE UNIVERSITY

2019 BOR Research Grant

Contact Diane Moore at 465-5336 with any questions

Budget Plan-Please return by 04/22/19

Name of Grant Recipient(s): \_\_\_\_\_ Full-Time \_\_\_ or Part-Time \_\_\_ Employee

Project Name: \_\_\_\_\_

Amount of Grant \$ \_\_\_\_\_ Banner Index Number: \_\_\_\_\_ (To be completed by Grant Accountant)

Account Termination Date: **6/30/20** Written Report Submission Deadline: **9/30/20** (Mail to: Dr. William Salka, Interim V.P. Academic Affairs and Diane Moore, Grant Accountant)

	Banner Acct Code		Awardee 1	Awardee 2	Awardee 3	Awardee 4
A. Request for advance on Research funds Date Needed _____	103070	\$	_____	_____	_____	_____
Stipend paid directly to recipient(s) ( <b>Part-Time Faculty Authorization needed</b> )**		\$	_____	_____	_____	_____
<b>Total Stipend</b> (Not to exceed \$2,500)		\$	_____	_____	_____	_____
C. Amount to Remain in your ECSU Account		\$	_____	_____	_____	_____
D. Of the amount noted on line C, estimate how these funds will be used						
1. University Assistants **	601306	\$	_____	_____	_____	_____
2. PSA's (State Employees Only) **	601510	\$	_____	_____	_____	_____
3. Student Workers **	601400,601401	\$	_____	_____	_____	_____
<b>Total Personal Services</b>		\$	_____	_____	_____	_____
6. Supplies	Misc.	\$	_____	_____	_____	_____
7. Travel	705000 to 705500	\$	_____	_____	_____	_____
8. Equipment(\$1,000 or more)*	700000	\$	_____	_____	_____	_____
9. PSA's (non State Employees)		\$	_____	_____	_____	_____
10. Other (please explain below)		\$	_____	_____	_____	_____
<b>Total Other Expense</b>		\$	_____	_____	_____	_____
<b>Grand Total</b>		\$	_____	_____	_____	_____

\* Please take note that Article 9.10 (page 56) of the collective bargaining agreement between the AAUP and the Connecticut State University indicated that all equipment purchased by you becomes the property of the University. Accordingly, when you purchase the equipment, kindly contact Nancy Harper at extension 55345 for the purpose of having the equipment tagged and recorded on the University inventory.

\*\* All fringe benefits and workers comp will be move to AAFO01

Signature of Grant Recipient(s): \_\_\_\_\_ Date \_\_\_\_\_

Copy to: Diane C. Moore, Office of Fiscal Affairs, Accounting Section, Gelsi-Young Hall, Rm338C