

ORP Core Facility Pilot Program
Core Budget and Approval Form



Opportunity: [Core Facilities Pilot Program](#) Deadline:

Proposal Title:

Proposal PI:

Department Name:

Core Facility Manager:

Project Dates: Start: End:

Budget Item Description (Please Itemize):

Core Personnel Labor*	Hourly Rate	Number of Hours	Amount Requested
Total Core Personnel Labor			
*e.g. Consultation, project development, analysis, etc.			
Core Services	Unit Rate	Quantity	Amount Requested
Total Core Services			
Equipment Time Use	Hourly Rate	Number of Hours	Amount Requested
Total Equipment Time Use			
Other	Unit Rate	Quantity	Amount Requested
Total Other			
Total Budget Amount Requested			

Please provide a KFS account number(s) for non-CFPP allowable charges and/or overages:

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Budget Justification:

By signing below, I acknowledge that I have reviewed and approved the proposed budget for the indicated funding opportunity.

Relevant Core Facility Manager Signature

Date

Department Business Officer or Research Administrator

Please provide the information for the appropriate business manager, grants & contracts manager, pre-award administrator, or equivalent that has authority to approve grant budgets for your unit.

Name/Title:

Email:

Phone Number:

(Optional) Business Officer or Research Administrator Signature

Date