

Detailed Survey Financial Plan (submit with Work Plan)

COOPERATOR NAME: _____

TIME PERIOD: January 1, 2015 – December 31, 2015

Financial Plan must match the SF-424A, Section B, Budget Categories

ITEM	APHIS FUNDS	COOPERATOR FUNDS (Show even if zero)
PERSONNEL:		
Field Staff: 960 hrs. @ \$14.00/hr.=	\$13,400	
Lab Staff: 500 hrs. @ \$14.00/hr		\$7,000
Subtotal	\$13,400	\$7,000
FRINGE BENEFITS:		
20% of salary of Field Staff pt employee	\$ 2,680	
Subtotal	\$ 2,680	
TRAVEL:		
Total of 4,000 miles @ 16 miles/gal.=250 gal X \$2.75/gal. =	\$ 688	
Per diem 5 days @ \$100.00/day =	\$ 500	
Subtotal	\$ 1,188	
EQUIPMENT		
GPS units		\$ 300
Diagnostic Kits		\$ 700
Microscopes		\$3,600
Subtotal		\$4,600
SUPPLIES		
Gloves, batteries, tools, etc. – field use	\$ 250	
Misc. chemicals – lab use		\$ 300
Subtotal	\$ 250	\$ 300
CONTRACTUAL		
Subtotal		
OTHER		
Subtotal		
TOTAL DIRECT COSTS		
INDIRECT COSTS (15.00% on Salary & Fringes only)	\$ 2,412	
TOTAL	\$ 19,930	\$11,900
Cost Share Information	62.6%	37.4%